DOCUMENT RESUME

ED 409 265	SP 037 049
AUTHOR	Hanley, Mary Stone; And Others
TITLE	Interprofessional Collaboration 1996 Resource Guide: A Resource Guide of Learning Activities.
INSTITUTION	Washington Univ., Seattle. Human Services Policy Center.
SPONS AGENCY	National Association of State Boards of Education, Alexandria, VA.; Pew Charitable Trusts, Philadelphia, PA.; Ford Foundation, New York, N.Y.
PUB DATE	96
NOTE	343p.; Also supported by funds from the Stuart Foundations and the Dewitt-Wallace Foundation.
AVAILABLE FROM	Human Services Policy Center, University of Washington, Box 353060, Seattle, WA 98195-3060 ($25.00 plus tax; $27.10 total).
PUB TYPE	Books (010) -- Guides - Non-Classroom (055)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Collegiality; *Educational Cooperation; Elementary Secondary Education; Graduate Study; Higher Education; Inservice Teacher Education; *Interdisciplinary Approach; *Interprofessional Relationship; Leadership; Leadership Training; *Learning Activities; Management Development; Organizational Climate; Organizational Communication; Preservice Teacher Education; *Teacher Collaboration
IDENTIFIERS	*University of Washington

ABSTRACT

The Training for Interprofessional Collaboration Project (TIC) is a joint effort of five professional schools of the University of Washington and various community sites and agencies to provide preservice (graduate level) and inservice training in teacher and interprofessional collaboration. The guide includes bibliographies, case studies, instruments, syllabi, and other materials to facilitate the practice of collaboration in the classroom and elsewhere. The guide is divided into five sections. An introduction describes the project's goals, conceptual framework, and effective models of instruction. Section 2 provides suggested learning activities and supplemental materials grouped into six sub-sections on: collaborative practice, intrapersonal well-being, interpersonal effectiveness, group process competence, organizational expertise, and community and national (socio-cultural) perspective. Supplemental materials include overheads, handouts, case studies, and instruments. The third major section provides seven additional case studies. Section 4 presents information and syllabi from various academic and agency institutions currently involved in providing collaborative instruction. Section 5 contains over 1,000 bibliographic references. (JLS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 409 265

INTERPROFESSIONAL COLLABORATION
1996 RESOURCE GUIDE

A Resource Guide of Learning Activities

Developed by:
Mary Stone Hanley
Nia R. Johnson-Crowley
Nathalie Gehrke
and Associates

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN OTHER THAN PAPER COPY HAS BEEN GRANTED BY
Floyd Brown
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Training for Interprofessional Collaboration (TIC) Project
University of Washington
Human Services Policy Center

SP037049

BEST COPY AVAILABLE

Copyright 1996, TIC Publications

All rights reserved. Handouts may be reproduced with credit to the authors and the Training for Interprofessional Collaboration Project. Otherwise, the reproduction of this work, except in areas specified above, in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including xerography, photocopying and recording, and in any information storage and retrieval system is forbidden without the written permission of the publisher.

TIC is a Collaborative Effort of the

College of Education
Graduate School of Public Affairs
School of Public Health and Community Medicine
School of Social Work
School of Nursing

A Program of the
Human Services Policy Center

University of Washington

Cover Design by Regina Ramos

TIC
Human Services Policy Center
GSPA Box 353060
Seattle, WA 98195-3060
206/543-0365
Fax 206/616-5769
Email: hspcnews@u.washington.edu
http://weber.u.washington.edu/~hspcnews/tic/

TABLE OF CONTENTS

Acknowledgments ix
Contributors xi
How To Use *The Guide* xiii
Preface xv

I. Introduction

Training for Interprofessional Collaboration: A Model for Professional Instruction

Training for Interprofessional Collaboration (TIC) xviii
TIC and the Collaborative Cohort Model (CCM) xix
TIC Collaborative Competencies xx
Cohort Activities xxii
Interprofessional Collaboration Framework (Figure 1) xxiii
The Community Sites xxiv
Other Collaboration Models xxiv
TIC Models (Table 1) xxv

II. Learning Activities

A. **Collaborative Practice**

A-1 Constructing Cases 5
TIC Premises 6
Ranking Tool for Determining Collaborative Priority 7
A-2 Group Size Decision Making 8
A-3 A Collaborative Effort 10
A-4 The Competent Collaborator 12
The Self-Assessment Guide 14
Collaborative Competencies 24
A-5 Drawing Collaboration 33
A-6 Collaborative Self-Assessment 34
Cohort Self-Assessment 36
A-7 A Singular Approach 42
The Case of Marylinn Bronson 43
Workbook for Program Development 45
A-8 The Who-All Simulation 48
Essences of Collaboration 51
The Case of Who-All: A Simulation 54
Who-All Key Players Options 55

B. **Intrapersonal Well-Being**

B-1 Reflective Journal 59
Reflective Journal Questions 60
B-2 Developmentally Speaking 63
Maslow's Needs Hierarchy 65
Erickson's Eight Stages of Life 66
Stevens-Long's Stages of Adult Development 67
B-3 Walk Your Talk 68
Statements for Walk Your Talk 69

B-4 **Remember A Time** 70
  19 Ways to Show You Care 72
  24 Ways to Create a Caring Environment 73
B-5 **Diversity Observation** 75
  Activities for Discussion 76

C. Interpersonal Effectiveness

C-1 **Table Slam** 81
  Annoying Personality Types 83
C-2 **A Collaborative Project** 84
  Your Conflict Strategies 87
C-3 **A Collective Reflective** 89
C-4 **Wholeness Puzzle** 91
C-5 **Positive Interdependence** 93
  Positive Interdependence Cards 94
C-6 **Constructive Controversy** 95
  Four Concepts of Constructive Controversy 97
  Guidelines for Constructive Controversy 98
  Constructive Controversy Checklist 99
C-7 **Meet Someone Different** 100
C-8 **I Hear You** 102
C-9 **The Conflict Pendulum** 104
  Responses to Conflict: Self Assessment 106
  Five Conflict Management Models 108
C-10 **James Bond Collaboration** 109
C-11 **A Strengths Perspective** 111
  Paradoxical Practice Episodes 112
  Ways to Re-Frame Common Beliefs and Terms 113

D. Group Process Competence

D-1 **Collaboration And Group Process** 117
  Four Phases of Team Development 118
D-2 **Building A Model of Collaboration** 119
D-3 **Stakeholder Mix-Up** 121
  Coping With Change 123
  Creative Problem Solving (CPS) 124
  Blocks to Creative Thinking 132
D-4 **Trustbuilding** 133
D-5 **Visioning For A Collaborative Project** 134
D-6 **Values and Vision (Visioning Part II)** 135
D-7 **Visions and Missions** 136
  The Relationship Among Vision, Mission and Practice 137
D-8 **Sharing Visions** 138
  Deciding Upon a Guiding Vision 139
D-9 **A Healthy Vision** 141

E. Organizational Expertise

E-1 **Codes of Ethics** 145
  - *Code of Ethics of the Education Profession* 147
  - *AMA Principles of Medical Ethics* 149
  - *NASW Code of Ethics* 150
  - *ICMA Code of Ethics* 156
  - *Code for Nurses (Abridged) ANA* 157
  - *CICAT Analysis Tool* 162

E-2 Acronym Jeopardy 172
Some Acronyms from Washington State 174
E-3 Voices of Our Own Profession 176
Professional's Interview Protocol 178
Small Group Guidelines 179
E-4 On Confidentiality 180
A Professional's Perspective: Interview Schedule 182
E-5 Getting to Know You 183
E-6 Stakeholders' Market 185
E-7 Professional Fact Or Fiction 187
E-8 A Better Way 188
A Better Way: The Script 189

F. Community and National (Socio-Cultural) Perspective

F-1 Concerns/Vision/Action 203
F-2 Vision Into Action 205
Visualizing an Ideal Community (A Model) 207
F-3 Images of Change 208
Teacher Notices Personality Change in Student 210
The Roles for the Case 211
Questions to be Answered by Your Group 212
Science Labors Lost 213
A Case of Health Care 214
F-4 Questions of Diversity 215
Contrasting Cultural Values 217
Communicating Across Cultures 218
No Way Out? 219
Home Again? 220
F-5 Agency Scavenger Hunt 221
The Grover Heights Neighborhood 223
Teacher Responsive School-Linked Services 224
F-6 Cultural Observations 225

References 227

III. Additional Case Studies

Out of Work Blues 233
Olga 234
Student Activity/Questions for Further Discussion and Study 236
Jessica 237
Student Activity/Questions for Further Discussion and Study 239
King Junior High 240
Student Activity/Questions for Further Discussion and Study 243
Picking Up the Pieces 244
Community Violence 246
No Budget, No Lights 247

IV Syllabi

UNIVERSITY of WASHINGTON
Training for Interprofessional Collaboration (TIC)

Collaborative Practice Winter Quarter 1993 251
Collaborative Cohort Model: An Overview Fall 1993 256
Cohort Sessions, Fall 1993 258
Supervisor's Seminar Fall, Winter, Spring 1994 261
Site Partnership/Curriculum *July 1994* 264
Format for the TIC Program (1994-95) *Overview* 266
TIC Orientation November 18–19, 1994 267
UCONJ 500 Calendar and Readings Winter-Spring 1995 268
    UCONJ 500 For Reflective Group Leaders 269
Summer Institute of Public Health Practice *1995* 271
TIC Orientation October 21, 27, 28 1995 273
    TIC Orientation Handout 275
UCONJ 500 Calendar and Readings Winter-Spring 1996 278
    UCONJ 500 Guidelines for Student Journals 1996 280

CALIFORNIA STATE UNIVERSITY, FULLERTON
School of Human Development and Community Service

HCS 500 Theory and Methods of Services Integration 282
HCS 501 Practicum in Services Integration 288

UNIVERSITY of KANSAS

Policy Studies in School Reform: Services Integration 293

MIAMI UNIVERSITY
Department of Educational Leadership

EDL 790 School-Linked Services for Children and Families 297

UNIVERSITY of UTAH

Collaborative Educational Problem-Solving and Conflict Management 306

V. Bibliography

UCONJ 500 Readings and Texts 313
UCONJ 500 Annotated Bibliography 315
Selected References in Collaborative Practice 318

INTERPROFESSIONAL COMMISSION of OHIO

Publications -- May 10, 1994 325

ACKNOWLEDGMENTS

The Training for Interprofessional Collaboration Project (TIC) is a joint effort of five professional schools of the University of Washington and various Community Sites and Agencies. In addition to the grant from the National Association of State Boards of Education, it has been supported by funds from the Stuart Foundations, the Pew Charitable Trust, the Ford Foundation, and the Dewitt-Wallace Foundation. Faculty representatives, graduate students and staff from the five schools along with community activists and volunteers have participated actively in this collaborative effort, with different individuals assuming leadership for different facets of the project. The resource guide offered here could not have been completed without the support of the following people, community sites and agencies:

Deans:

Allen Glenn, College of Education
Margaret Gordon, Graduate School of Public Affairs
Sue Hegyvary, School of Nursing
Nancy Hooyman, School of Social Work
Gilbert Omenn, School of Public Health and Community Medicine

Steering Committee:

Kathryn Barnard, Nursing
Michelle Bell, Public Health & Community Medicine
Richard Brandon, Public Affairs
Nathalie Gehrke, Education
Carol Gray, Education (retired)
Susan Lerner, South Central School District
Michael Knapp, Education
E. Ted Teather, Social Work
Albert Smith, Jr., Education
Cy Ulberg, Public Affairs

Staff:

Casey Bui, Student Affairs Coordinator
Miebeth Bustillo, Project Assistant
Amelia Cobb, Project Assistant
Laurie Deppman, Project Coordinator
Julie Forner, Departmental Assistant
Nia Johnson-Crowley, Project Assistant
Laura Moody, Student Assistant
Janice Rabkin, Project Associate
Prudence Tippins, Project Assistant

Associates:

Mary DeFreest, Tukwila VISTA Volunteer, Tukwila Cohort
Kristina Haight, Community Health Director, Ida Culver Nursing Care Center
Karen Hulbert, Community Specialist, Mutual Partnership Coalition (MPC)
Eric Pettigrew, Director, Minority Youth (MY) Health Project
Craig Shimabukuro, Executive Director, MPC

Community Sites and Agencies:

- The Central District of Seattle
  - Meany Middle School
  - Minority Youth (MY) Health Project
  - Mutual Partnership Coalition (MPC)
    - Rites of Passage Experience (ROPES)
    - Group Health Cooperative of Puget Sound
    - Seattle Housing Authority
    - Senior Services of Seattle/King County
    - United in Outreach

- The City of Tukwila and the South Central School District

- The Ida Culver Nursing Care Center of Seattle

Past Participants: Staff and Associates:

Jennifer Bright, Project Assistant
Georgia Britt; Project Coordinator
Colleen Cooke, Project Assistant
Judy Deiro, Project Assistant
Quang Duong-Tran, Project Assistant
Mardean Francis, Project Assistant
Gail Gosney, TIC Director
Geoffrey Hoare, Public Health & Community Medicine
Karen Hulbert, TIC Community Facilitator
Beth Hutchinson, Project Adjunct, C-STARS
Gail Kieckhefer, Nursing
Marsha Killien, Nursing
Maria Padin, Community Facilitator
Mary Stone-Hanley, Project Assistant
Dianne Woody, Washington Department of Social & Health Services

PLEASE NOTE: We have attempted to credit all those who participated in and supported the work of this ongoing project. Omission of any person or agency is accidental. We apologize and thank you for your support.

x

CONTRIBUTORS

- **AMA Education and Research Foundation** - 515 N. State St. Chicago, IL 60610
- **American Nursing Association** - 600 Maryland Ave. SW, Suite 100 W., Washington D. C. 20024
- **The Amherst H. Wilder Foundation, Community Services Group** - 919 Lafond Avenue, St. Paul, MN 55104
- **Kathryn Barnard, PhD** - Professor, School of Nursing, University of Washington, Seattle, WA.
- **Michelle Bell, PhD** - Director, MSW-MPH Concurrent Degree Program; Associate Professor, School of Public Health and Community Medicine, University of Washington, Seattle, WA.
- **Richard Brandon, PhD** - Director, Human Services Policy Center; Research Associate Professor, Graduate School of Public Affairs, University of Washington, Seattle, WA.
- **Michael Casto, Director** - Interprofessional Council of Ohio, 1501 Neil Avenue, Suite 104, Columbus, Ohio 43201
- **Judy Deiro, PhD** - College of Education, Curriculum and Instruction, University of Washington, Seattle, WA 98195.
- **Dr. Morton Deutsch, Director** - ICCCR, Teachers College, Columbia University, 525 West 120th St., Box 53, New York, NY 10027
- **Gigi DeVault** - Center on Human Development and Disability, University of Washington, Seattle, WA 98195.
- **Dr. Beverly Forbes, Consultant** - P.O. Box 2131, Renton, WA 98056
- **Chrysan Gallucci, Integration Facilitator** - Emily Dickenson School Staff, Silver Ridge, Lake Washington School District, Redmond, WA 98053
- **Nathalie Gehrke, PhD** - Director, Professional Development Schools; Professor, College of Education Curriculum and Instruction, University of Washington, Seattle, WA.
- **Griggs Productions, Lewis Griggs** - 2046 Clement St. San Francisco, CA 94121
- **Mary Stone Hanley, PhD Candidate** - College of Education Curriculum and Instruction, University of Washington, Seattle, WA.
- **Healthy Start Field Office**, University of California—Davis, Davis, CA.
- **A. T. Himmelman** - The Himmelman Consulting Group, Minneapolis, MN.
- **K. Hooper-Briar** - The Institute for Educational Renewal at Miami University, Oxford, OH
- **International City/County Management Association** - Washington D. C. 20002
- **S. G. Isaksen** - Creative Problem Solving Group, 1325 N. Forest Rd., Suite F-340, Williamsville, NY 14221
- **Dr. David Johnson, Professor and Dr. Frank P. Johnson, Professor** - University of Minnesota, 60 Peik Hall, 159 Pillsbury Dr. SE Minneapolis, MN 55455-2098
- **Nia Johnson-Crowley, PhD Candidate** - College of Education Curriculum and Instruction, University of Washington, Seattle, WA.
- **R. Kilmann** - University of Pittsburgh, Pittsburgh, PA 15260
- **L. R. Kohls** - 1362-B Vallejo St., San Francisco, CA 98109
- **H. A. Lawson** - The Institute for Educational Renewal at Miami University, Oxford, OH
- **Susan J. Lerner, MEd** - Director, Educational Support and Human Services, South Central School District, Tukwila, WA.

- **Dr. Judith Stevens-Long, Associate Professor** - The Fielding Institute, 2112 Santa Barbara Street, Santa Barbara, CA 93105
- **National Association of Social Workers** - 750 1st NE, Suite 700, Washington, D. C. 20002
- **National Educational Association, Professional Library** - 1201 16th St. NW, Washington D. C. 20036
- **Edward C. Teather, MSW**- Co-Director, Family Preservation Practice Program Associate Professor, School of Social Work, University of Washington, Seattle, WA
- **D. J. Treffinger, Professor Emeritus (retired)**, Center for the Studies on Creativity, Buffalo State College, Buffalo, NY
- **Dr. Bruce Tuckman, Professor** - College of Education, Florida State University, Tallahassee, FL

HOW TO USE THE GUIDE

The *Training for Interprofessional Resource Guide* was developed for educators and other practitioners who are involved in the instruction of interprofessional collaboration. The purpose is to provide instructors with instructional activities that will cover the central concepts of collaboration and interprofessional practices. *The Guide* also includes bibliographies, case studies, instruments, syllabi, and other materials that will facilitate the practice of collaboration in the classroom and elsewhere.

Although classroom and learning activities are one way to introduce collaborative principles to students and practitioners, it is recommended that along with the more didactic type of instruction included in this guide, that students of interprofessional collaboration be involved in some kind of practicum experience out in the community where they will eventually serve. We have found that the combination of interprofessional collaborative activities in the classroom combined with the practical real-life experience of interprofessional collaborative practice in the community has proven to be the most effective way to develop interprofessional collaborative practices within students and practitioners that endure beyond the instructional experience. Models of this type of classroom plus practicum experience are outlined in Section I.

LEARNING ACTIVITIES

Before you begin using this guide, take some time to review it in depth. It is important for you to know how all the learning activities interrelate, so you can move around *The Guide* with ease, choosing activities that meet the needs of you and your students and practitioners. Many of the learning activities included in this guide have been used within our own collaborative project, others have been included from other collaborative projects and still others, although not utilized specifically for collaboration projects, have been found to be useful activities to promote learning and have been adapted for collaboration but not tested out. For this reason we recommend that you try out any of the activities you wish to use in your own instructional collaborative process and make whatever adaptations/changes you need prior to presentation to the learners.

The Guide is divided into five sections.

Section I is an introduction to the Training for Interprofessional Collaboration Project. The goals and conceptual framework which underlay our collaborative beliefs and practices are presented, along with several models of instruction we have found effective in promoting collaborative practices.

Section II is the biggest section in *The Guide* and provides learning activities followed by supplemental materials which support the activities, such as overheads, handouts, case studies and/or instruments. Although the learner activities themselves may not be reproduced, any of the supplemental material, as long as written credit is visible, may be reproduced and given out to participants.

The Learning Activities are divided into six sections. Each of these sections is coded according to the TIC instructional objectives corresponding to one of the six domains of collaboration identified by the TIC project (See Section 1: Introduction). All activities associated with a given domain are coded and presented in that section.

For example, in activity 4-B, "4" is the fourth activity within that section titled: Remember A Time and "B" is the section on Intrapersonal Well-Being

Each learning activity contains learning objectives specific to that activity. The learning objectives are also cross-referenced to specific TIC collaborative competencies to help you to pinpoint the skills and information to be taught. Thus, an objective that has "1-A" next to it relates to the first competncy under collaborative practice. Learning objectives preceded by a letter and no number relate to all of the comptencies in the category. All the learning activities are developed to be used as a single activity or in conjunction with other activities.

Although a time period for each activity has been suggested, the length of time may be extended or shortened according to the needs of instruction. Indeed, mini-lessons may be taken from some of the longer activities and used as a warm-up or follow-up exercise. In other words, The Learning Activities provide suggestions and guidelines, but are intended to be flexible enough to be used in diverse situations.

Section III provides additional case studies should you wish to 1) incorporate more case study learning experiences for your learners or 2) use a different case study than the one provided with a specific learning activity (i.e. one that more closely matched you or your students clientele or situations).

Section IV includes information and syllabi from various academic and agency institutions who are currently involved in providing collaborative instruction. These syllabi are provided as a guide to help you plan and develop your own curriculum instruction in interprofessional collaboration.

Those syllabi provided by the TIC project at the University of Washington are presented in chronological order and present an example of the ongoing learning process our project went through in developing the models of collaborative instruction we now find to be most effective. We have tried to provide syllabi from our organization which exemplify each one of the models presented in Section I.

Section V contains all the bibliographical references we have found useful in our development of an interprofessional collaborative curriculum.

We hope you find this guide useful in your development of a interprofessional collaborative team and would appreciate receiving any comments or suggestions you might have regarding *The Guide*. You may direct your correspondence to:

TIC
Human Services Policy Center
University of Washington
Box 353060
Seattle, WA 98195-3060
206/543-0365
FAX 206/616-5769

PREFACE

The need for teachers and other professionals who can provide integrated services to children and families is rapidly reaching crisis status. Increasing numbers of parents are looking for resources to help them provide for their children. Many of these families require the services of more than one agency to meet their medical, social, emotional and educational needs. Consequently, many services have been created to meet the multi-dimensional needs of families. Although each agency plays an important role in delivering the wide range of needed services, too often clients trying to maneuver their way through the maze of services end up frustrated, angry and without the help they seek.

Many people believe that a collaborative interdisciplinary approach is most effective in dealing with the complex and multifaceted problems faced by families. The institutional barriers to collaborative practice which inhibit the ability of teachers and other professionals to provide the services that children and families need are in part a reflection of current professional preparation practices. Interprofessional collaboration efforts to date have focused on program components and service integration with limited success. Little attention has been paid to the question of professional preparation for such interprofessional collaboration. If integrated services are to be a part of our system of care to families, then the educational preparation of teachers and other professionals must change to emphasize integration rather than specialization. The Training for Interprofessional Collaboration Project is an attempt to focus on early collaborative preparation of professionals before they become involved in practice in the community. It is our belief that when professionals from varying disciplines are educated together and learn to work together for the benefit of their clients prior to practice in the field, they will continue to work together collaboratively when they begin to serve in the field.

I. INTRODUCTION

Training for Interprofessional Collabo[illegible]
A Model for Professional Instruct[illegible]

The Training for Interprofessional Collaboration (TIC

TIC is an innovative program at the University of Washingto[illegible] promote the delivery of integrated, community- and family-cente[illegible] and education by training teachers and other educators, social wo[illegible] professionals, administrators and policy analysts to work as a col[illegible] interprofessional team.

It is TIC's intent that by preparing pre-service and in-service [illegible] work as an integrated collaborative team, the nature of the profes[illegible] and of service delivery will also become more integrated, consumer responsive [illegible] family-centered. Five professional schools—the College of Education, and the Gr[illegible] Schools of Public Affairs, Social Work, Nursing, and Public Health and Co[illegible] Medicine collaborate in the TIC project.

The interdepartmental TIC steering group has agreed that "int[illegible] collaboration in human service delivery is an interactive process [illegible] individuals and organizations with diverse expertise and resourc[illegible] generate and execute designs for solutions to mutually identified [illegible] the welfare of families and children."

Several beliefs undergird this philosophy of interprofessional collaboration and provide a basis for the TIC Project's goal and objectives. Those beliefs include:

* Skillful collaboration is developmental; it is a long-term, evolving, relational effort which can be enhanced by experience and reflection.

* The individual, the family and the community are the clients of the interprofessional collaborative group.

* Interprofessional collaborative groups or systems exist to serve the client(s).

* Service or education are best in which the client(s) feels efficacious and is a partner in the process.

* Cultural differences are to be understood and appreciated.

The overall goal of the project is to train professionals towards delivery of [illegible] integrated human services for families and children. Objectives for the five years of the project include:

- To train graduate students and practitioners to work collaboratively in an interprofessional setting in partnership with community sites.
- To include community participation and perspectives in the learning experience at the university, with the intent to empower local communities and their members to address current social problems.
- To develop and implement a plan to institutionalize the TIC collaborative, Community-Based Learning Model into the curricula of the five participating schools.
- To conduct rigorous formative and summative evaluations of project activities and to disseminate project findings both locally and nationally.

TIC and the Collaborative Cohort Model—A Model for Practice

The current approach to training in TIC is called the Collaborative Cohort Model (CCM). In the CCM, learners are grouped into cohorts of 10 to 15 clinical and policy/administrative students from different disciplines. Students in each cohort are [illegible] [illegible] [illegible] administrators, and others.

The goal of the CCM is to give students from a variety of professional disciplines the opportunity to learn the skills of collaboration through both classroom and applied learning situations. The model is designed to give students a chance to work as a team on a real issue or problem requiring an interdisciplinary approach, under the guidance of UW faculty, practicing professionals and community representatives. To provide an understanding of the community context of collaborative services, students learn skills for collaborating not only with other students and professionals, but also with families and the broader community.

The TIC curriculum is designed to teach collaborative skills, knowledge and attitudes in six different areas. Each of these areas contain several individual goals or competencies students are expected to develop in order to develop into an effective "competent" collaborator. The six domains and their accompanying competencies are presented below:

IIC Collaborative Competencies

A. COLLABORATIVE PRACTICE

Students will develop a shared understanding of collaborative practice with the ability to:

1. *Define interprofessional collaboration and provide cases of successful interprofessional collaborative efforts.*

2. *Identify key ethical and legal issues arising from collaboration and explain implications.*

3. *Demonstrate skill in accessing information necessary for collaboration, e.g. regulatory information.*

4. Analyze real and simulated situations to decide when collaboration is appropriate.

B. INTRAPERSONAL WELL-BEING

Students will understand and utilize selected elements of personal well-being to enhance collaborative practice with the ability to:

1. [illegible]

2. [illegible]

3. *Carry out an assessment of personal and professional behavior and attitudes.*

4. *Explain the necessary intrapersonal attributes and skills for collaboration, e.g., taking risks, setting realistic expectations, living with ambiguity, taking responsibility for one's own behavior, and assisting rather than being in charge.*

C. INTERPERSONAL EFFECTIVENESS

Students will articulate and demonstrate the interpersonal skill necessary to collaborative practice with the ability to:

1. Identify individual characteristics necessary for collaboration and provide examples of characteristics supportive of actual collaborative situations.

2. Demonstrate the effective use of the following communication skills used in collaboration: interpreting and responding to nonverbal cues, active listening, clarifying, sharing information, summarizing, and giving and receiving feedback, constructive controversy.

3. Demonstrate and analyze processes for validating others, developing trusting relationships, and sustaining motivation.

4. Demonstrate and analyze skills in conflict resolution, conflict management, and negotiation.

6. a) Present a process model for personal and/or organizational change and use this model to analyze a situation in which change is sought.

   b) Demonstrate skills in facilitating change.

7. Demonstrate knowledge and skills in identifying diverse service needs of clients and appropriate service providers.

[illegible] GROUP PROCESS COMPETENCE

Students will describe, analyze, and demonstrate the group process skills necessary for collaborative practice with the ability to:

1. Demonstrate leadership of collaborative task-oriented meetings, e.g. set agenda, develop common vision and mutual concerns, clarify language, set ground rules, identify barriers, identify and assign tasks, develop methods for exchanging information, maintaining accountability, and utilize team building skills.

2. Describe and apply skills critical for an effective collaborative group process including motivating participants, absorbing new members, leading participants, recognizing resources of participants, [illegible] consensus and achieving outcomes.

3. [illegible]

[illegible] ORGANIZATIONAL [illegible]

Students will describe, identify, and demonstrate the use of selected organizational elements to support collaborative interprofessional practices with the ability to:

1. Articulate the organizational missions, structure, services, and language of all collaborating agencies in their site and explain consequences if specific services are lacking.

2. Identify necessary communication processes and decision-makers within collaborating organizations in order to sustain collaborative efforts.

3. Identify common organizational barriers to collaboration, use problem solving processes based on organizational and personal strengths to reduce the impact of the barriers, and describe process for institutionalizing creative solutions to barriers.

4. Identify potentially opposing organizational responses and practices that avoid institutional entrenchment to such responses.

5. a) Demonstrate a strategy for completing a network analysis and

   b) Use interpersonal and group process skills to develop and sustain necessary networks.

6. Identify alternative degrees of precision in organizational rule interpretation, and demonstrate ability to assess appropriate level of precision required in a given interprofessional collaborative situation.

F. COMMUNITY AND NATIONAL (SOCIO-CULTURAL) PERSPECTIVE

Students will identify, examine, and apply knowledge of socio-cultural patterns to increase the effectiveness of collaborative practice with the ability to:

1. Identify core American values and their impact on collaborative practice.
2. a) Identify community subcultures, community resources, leadership patterns, and socio-cultural differences within a given community context.
   b) Describe the impact of these factors on intrapersonal, interpersonal, group, and organizational processes.
   c) And apply this socio-cultural knowledge to assist interprofessional problem-solving for collaborative practice.
3. Demonstrate knowledge of a variety of strategies for gaining community commitment to selected collaborative goals.

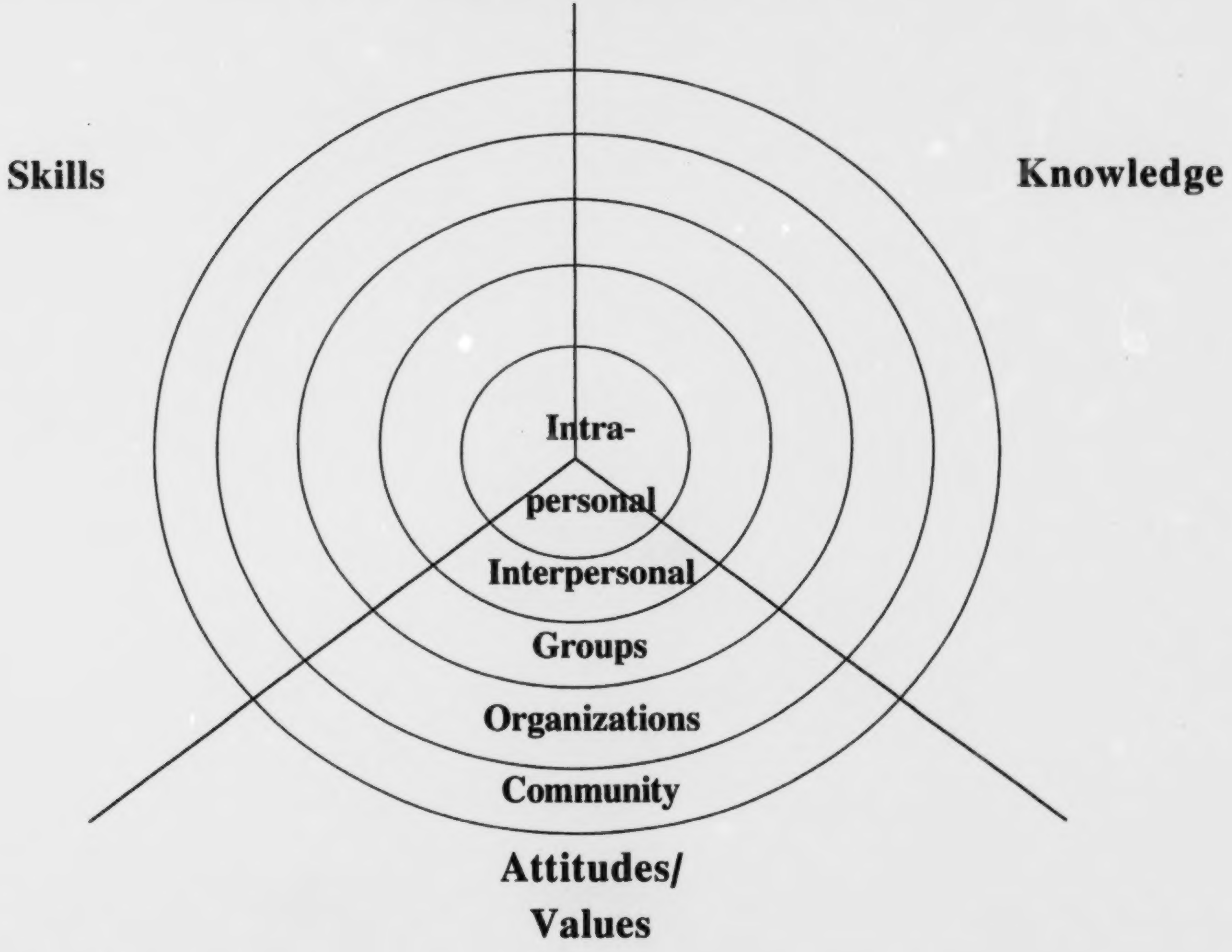
These six domains and their competencies are considered key to the formation and ongoing support of an interprofessional collaborative network and have became the basis for the project's curriculum design and present conceptual framework. This conceptual framework is organized around a systems model approach in which its members function as a collaborative system, having certain specific shared values, attributes and components (Figure 1). It is the collaborative system model and the six domains along with the twenty-eight competency components included in them that form the basis for the cohort and learning activities presented in the CCM and the *Training for Interprofessional Collaboration Resource Guide*.

Cohort Activities

Each individual cohort works together as a team throughout an entire academic year.

- ***Fall Quarter*** — three day orientation that lays out theoretical collaboration groundwork.
- ***Winter Quarter*** — cohorts meet in their respective community site to identify a community need and develop a collaborative cohort project to address that need.
- ***Spring Quarter*** — cohorts develop and implement cohort projects.
- ***First Five Weeks of Winter and Spring Quarters*** —a three-hour weekly colloquial learning session that involves students, practitioners, supervisors, faculty and staff, and community members. These sessions include substantive content on collaboration and reflective learning opportunities that focus on the six different domains of collaborative skills, knowledge, and attitudes (see above).

INTERPROFESSIONAL COLLABORATION FRAMEWORK



Skills

Knowledge

Intra-personal

Interpersonal

Groups

Organizations

Community

Attitudes/ Values

Topics include: Sociopolitical forces shaping collaboration
Group process for effective collaboration
Bridging Professional and Organizational Boundaries
Collaborative Planning for Integrated Services
Partnering with Communities

The Community Sites

Students within a cohort may generally perform practicum or internship placements in various community sites. Practica and internships are performed in accordance with the requirements of students' respective professional preparation. TIC currently works with three community sites, two of which are linked to a network of government and non-profit agencies.

> ***The Central District of Seattle*** comprises a wealth of human service, health and education opportunities for local residents and nearby neighborhoods. The Central District is rich in cultural diversity and has a history of grass-roots community activity. Cooperative efforts between schools and health and human service organizations provide a structure on which to build collaborative relationships.
>
> ***The City of Tukwila and the South Central School District*** engage in a collaborative partnership with Communities in Schools and other players, including state, county and local social service and health agencies; churches and community centers; early childhood programs; and private industry. Providers from many of these organizations meet monthly to share information and engage in joint planning and problem solving. These relationships generate innovative collaborative projects in this area.
>
> ***The Ida Culver Retirement Community*** is an affiliate of the University of Washington School of Nursing. Living in the community are residents who live independently in apartments; residents who need assistance while still maintaining a small apartment; and residents who live in the nursing care center for rehabilitation or long term care.

Students, community representatives and agency professionals from these sites work together within the cohort in identifying issues and implementing solutions which are appropriate and culturally relevant to the community.

Other Collaboration Models

In an ongoing effort to promote training in interprofessional collaboration, the TIC Steering Committee identified several other sustainable training models (Table 1). All models contain the underlying conceptual framework developed by the TIC project, which includes the six domains and twenty-eight competencies. In addition, all the models presented below have the following features:

- Experience of working in interprofessional groups
- Mixture of diverse views from faculty of different schools
- Community linkages.

Table 1.

TRAINING FOR INTERPROFESSIONAL COLLABORATION MODELS		
MODEL	**MAIN CHARACTERISTICS**	**NECESSARY STRUCTURES/RESOURCES FOR IMPLEMENTATION**
LOGICAL HOME PORTS	• schools offer courses on particular collaborative concepts they teach best • instructors from across schools joint teach to introduce/present varying organizational structures, concepts and applications • course enhanced with case studies illustrating the need for and strengths of collaborative practices/environments • serve as prerequisite to UCONJ 500	• listing of similar courses across departments and the identification of their theories and relevance to collaborative practice • class meets programmatic requirements
COLLABORATIVE CENTER	• links together a critical mass of faculty (including those in applied research) and resources (including placement mechanisms) working together across schools towards interprofessional training • provides technical assistance to train faculty and communities to create linkages	• facility • faculty assigned to center • class meets programmatic requirements • new funds for innovative approaches/materials
TIERED LEARNING	Option 1: • one quarter -- a bi-weekly didactic course, supplemented by a laboratory/simulation sessions on alternating weeks Option 2: • two quarter sequenced course – 1) first quarter: didactic course; 2) site-based cohort model Option 3: • one-three quarters (depending on program requirements) – didactic course supplemented by one or a combination of, either in tandem or in sequence, alternatives designed to enhance existing internships through: 1. integration of collaborative concepts and experiences (case studies, readings, collaborative network settings, etc.) 2. provision of in-service training for supervisors 3. linkages with cohort activities	• class meets programmatic requirements • strong community university partnerships • community/university liaison • critical number of faculty involved • faculty time commitments
SUMMER INSTITUTE	• intensive training course for pre-service and in-service professionals using simulations and case studies	• faculty time commitments • meet continuing education requirements

By identifying other training models of interprofessional collaboration it is hoped that all institutions and agencies may be able to involve their members, be they students, professionals, practitioners, parents and/or policy analysts in the process of delivering responsive integrated human services to families and children with and within their own communities.

II. LEARNING ACTIVITIES

A. COLLABORATIVE PRACTICE

Students will develop a shared understanding of collaborative practice.

Students will :

1. Define interprofessional collaboration and provide cases of successful interprofessional collaborative efforts.
2. Identify key ethical and legal issues arising from collaboration and explain implications.
3. Demonstrate skill in accessing information necessary for collaboration, e.g. regulatory information.
4. Analyze real and simulated situations to decide when collaboration is appropriate.

A-1 CONSTRUCTING CASES

◆ The collaborative process provides a wide range of resources and ideas with which to develop solutions.

Learning Objectives

6C. Students will reconstruct case studies from their own experience to share with others in class.
3A. Students and instructors will generate and compare questions which will help to determine the possibility of a collaborative solution.
4A. Students will determine the suitability of collaboration.

Activity Description

Material: The Overhead/handout: "TIC Premises," the TIC "Ranking Tool" (RT) and a description of a case prepared beforehand by the students.
Time: 1 hour, 35 minutes

1. Students bring to class a written description of a case of an individual or family with which they are familiar.

2. Before students divide up into groups, discuss the "TIC Premises." In groups of 2 to 3 students choose one of the cases. Develop questions about the case that need to be known before a decision can be made about whether or not to collaborate. Be specific.
(25 mins.)

4. In the large group review the questions generated in the small groups. Determine categories that would incorporate all of the questions. (15 mins.)

   a. What kind of information is most often needed in order to make decisions?
   b. Which categories are most instrumental to deciding to collaborate? Rank order the categories and explain the choices. (20 mins.)

5. Distribute the Ranking Tool. Review each of the dimensions. How would these issues affect the decision to collaborate? (15 mins.) **Note: The Ranking Tool should not be handed out until after the students have generated their own questions.**

6. Compare the students' categories with those in the Ranking Tool. Should any of the students' categories be added to the RT? (20 mins.)

Related Readings

Casto, H.M. & Julia, M. (1995), pp. 95-110
Winer, M. & Ray, K. (1994), pp. 21-26
Gray, B. (1989), pp. 55-64

Related Activities

A-3 Collaborating Effort; **A-5** Drawing Collaboration;
F-2 Vision Into Action; **F-3** Images of Change; **F-4** Questions on Diversity

TIC PREMISES

- Skillful collaboration is a developmental process; it is a long term, evolving, relational effort.
- The individual, the family, and the community are the clients of the interprofessional collaborative group.
- Interprofessional collaboration groups or systems exist to service the clients(s).
- Service or education is best in which the client feels efficacious and is a partner in the process.
- Cultural differences are to be understood and appreciated.

TIC Ranking Tool for Determining Collaboration Priority*

Please rank the eleven dimensions listed below in relation to the case studies you have read. Consider that each of the eleven dimensions has to do with the decision you'll make about whether the presenting problem/opportunity is one well served by a collaborative effort.

The scale to be used for your ranking goes from 1-5 with one (1) represent the least requirement for collaboration and five (5) the most requirement for collaboration. You may want to add dimensions to the scale, label and rank in the space provided.

Simple problem	1	2	3	4	5	Complex pr
Knowledge about solution	1	2	3	4	5	No knowled
An individual problem	1	2	3	4	5	A system pr
Short term	1	2	3	4	5	Long term
Readily managed	1	2	3	4	5	Difficult to
Value alignment	1	2	3	4	5	Value diverg
Mono-cultural	1	2	3	4	5	Multi-cultur
One organization responds	1	2	3	4	5	Requires mu
Known resources	1	2	3	4	5	No known r
Simple resources	1	2	3	4	5	Multiple res
Single person response	1	2	3	4	5	Formal, mu
Added						
____________						____________
____________						____________

1. Does this ranking help you determine the priority for collaboration?

2. What else would you want to know?

3. Overall ranking of Collaboration Priority ____________.

---

* Developed by Barnard, K., Gehrke, N. & Teather, E. C. (1994). Training for Interprofessional Collaboration (TIC), University of Washington, Seattle, WA.

A-2 GROUP SIZE DECISION MAKING

The size of the group can greatly determine the effectiveness of the group process. Likewise, the nature of the task should determine the size of the group.

Learning Objectives

1. Students will articulate the kinds of situations that will necessitate and support a collaborative process.
2. Students will describe how human behavior affects the group process.
3. Students will describe what skills are needed to be effective in a collaborative group.

Activity Description

Materials: paper, string, yarn, buttons, cans, boxes, scissors, glue, etc.; one journal per student.

Time: 1 hour 30 minutes

1. The class is divided into Discussion Group Members (DGM) and Observers. For every 2 DGM's there should be 1 Observer.

2. In pairs, the DGM build a model of collaboration using the provided materials. One of two observers writes down observations about the interactions, the skills used to keep the pair working together, and any behavior that interfered with progress. (15 mins.)

3. At the end of fifteen minutes the DGM write personal observations about themselves and the teammate in the Reflective Journal (See B-1)
   a. What was difficult about the group process?
   b. In what ways was collaboration an effective and/or efficient method of working on the task? In what ways was it not effective and/or efficient?
   c. Would you prefer to collaborate or not?
   d. What skills did you use to keep the work going? (10 mins.)

4. Using the materials from two or three sets of pairs, the DGM build another model of collaboration. Observers write down observations on the previous subjects. Also write down any differences observed about the work and interactions of the pair and the larger group.
   a. How did the size variation affect the work?
   b. How did the time restriction affect the work?
   c. Note any individual behaviors which either help or hinder group functioning. (15 mins.)

5. At the end of the fifteen minutes the DGM write down more personal observations in the Reflective Journal. (10 minutes)

6. In the full class share the models and discuss the observations of the observers and any that you are comfortable sharing from your journal. Discuss the relationship of task, group size, and time constraints.
   a. How does the size of the group impact the process of activity?
   b. How do the size of the group and time constraints affect attitudes and ideas about the collaborative process?
   c. How might these observations be applied to collaborative work in the community? (20 minutes)

Optional: Observers may present their observations to the DGM after steps 2 or 3, allowing the DGM time to reflect on and attempt to change behaviors.

Note: This activity and activity **D-2** "Building a Model of Collaboration" can be merged effectively. **A-2** emphasizes the mechanics of collaboration while **D-2** emphasizes the process and interactions.

Related Readings

[illegible] (1992) pp. [illegible]

Winer, M. & Ray, K. (1994) pp. [illegible]

Castro, B. M. & Jolin, M. (1994) pp. [illegible]

Related Activities

A-3 Collaborating Effort; D-2 Building a Model of Collaboration;
E-6 Stakeholder's Market

BEST COPY AVAILABLE

A-3 A COLLABORATIVE EFFORT

Members of collaborative groups bring a variety of personalities, values, resources, expertise, and mandates to the process. Vision and problem solving emerge from the interaction of these factors.

Learning Objectives

- Participants will create a process for addressing a case study in a collaborative way.
- Participants will research an agency which is a stakeholder necessary for the success of their project.

Activity Description

Materials: Case studies for each group, a list of stakeholders and/or reference list of agencies and contacts in your community. (Note: See Section III: Additional Case Studies and E-6)

Time: 2 class sessions and one interview session

Week One (45 minutes)

1. Participants are divided into small groups of 4-6 people, and they choose a facilitator from among the group members.

2. They read the case study and discuss the parameters of the case.
   a. Who are the individual, family, and community members involved?
   b. What are the issues involved?
   c. What are the time constraints?
   d. What are the strengths and needs of the client(s)?
   e. What are the historical, family, cultural, community, and individual issues that have led to the present situation?

3. Clarify any questions that the students may have about the case.

4. The group reviews the list of stakeholders, selecting the most necessary agencies or individuals. Each student volunteers to take on the role of a stakeholder in the case. During the week the student must interview an individual or member in the chosen agency to learn the duties, activities, professional relationships and perspectives of the stakeholder.

Week Two (1 hour 30 Minutes)

1. In the small groups participants report what they learned in the interviews.

2. Acting in the role of stakeholders the members of the group brainstorm and create a vision statement.

3. They also brainstorm and create a structure, a group process, a plan of action, and evaluation.

A-3 A Collaborative Effort *p.2*

4. Students create a presentation in any format (written, visual, dramatic, etc.) to report the project process and product to the whole group.

Note: If more than one person in the class is going to interview at the same agency it would be more efficient to go together.

Related Readings

Winer, M. & Ray, K. (1994) pp. 43-65
Collaborative Teaming (1994) pp. 2-14
Chang, H. et al. (1993) Sections 1-4
Melaville, A., Blank, M. & Asayesh, G. (1993). pp. 19-92
Saleebey, D. (1992). pp. 3-17; 169-179
Weick, A. (1992). pp. 18-26

Related Activities

D-5 Visioning for a Collaborative Project; **D-9** A Healthy Vision
E-1 Code of Ethics; **E-3** Voices of Our Own Profession; **E-4** On Confidentiality; **E-6** Stakeholder's Market
F-1 Concerns/Visions/Action; **F-2** Vision into Action; **F-3** Images of Change;
F-4 Questions on Diversity; **F-5** Agency Scavenger Hunt

34

A-4 THE COMPETENT COLLABORATOR

♦ You can better imagine yourself as a collaborator if you first have a vision of the skills and behaviors of a collaborator. Everyone has both strengths and weaknesses in the development of collaborative competencies.

Learning Objectives

2B. Participants will identify how their own values and personalities shape their collaborative abilities.
4B. Participants will reflect on and identify their individual strengths and weaknesses as collaborators.

Activity Description

Materials: "Self-Assessment Guide," "Collaborative Competencies" (Overhead); "Collaborative Competencies for Service Providers" (Competencies for MidManagers and Policy Makers" are also included)
(Note: Hand out the TIC "Self-Assessment Guide" in a previous class prior to this unit for students to fill out. This is not for discussion in class, but to provide information to the person about themselves as a collaborator.).
Time: 2 hours

1. Give Handout: "Collaborative Competencies for Service Providers." Review the list of competencies as a class (Use Overheads: Collaborative Competencies). (30 mins.)
    a. Why are these competencies important to collaboration?
    b. How do these competencies relate to the stages and challenges of collaboration described by Winer & Ray, 1994?
    c. Name some situational and individual characteristics that might make certain competencies difficult to achieve? Explain.

2. Assign one competency category to each of 6 small groups. Each group is to develop a skit that demonstrates the importance of the assigned competency topic in collaboration. (30 mins.)

3. Present each of the skits to the large group. (60 mins)
    a. Present the competency heading.
    b. Delineate the separate competencies.
    c. Tell which of the competencies were chosen for the skit. Explain their importance in collaboration.
    d. Perform the skit
    e. Discuss student perceptions, observations, and memories of similar situations.

4. Journal writing—Review the list of competencies. What are your own capabilities as a collaborator? Write a plan that will help you to strengthen you collaborative competencies.

A-4 The Competent Collaborator *p.2*

Related Readings

Casto, M. & Julia, M. (1994), pp. 12-21; 43-57
Fennimore, B. (1994), pp. 45-54
Melaville, A., Blank, M. & Asayesh, G. (1993), pp. 23-33
Winer, M. & Ray, K. (1994), pp. 21-59

Related Activities

A-6 Collaborative Self-Assessment
C-2 A Collaborative Project; **C-3** Collective Reflective
E-1 Code of Ethics

SELF-ASSESSMENT GUIDE*

The following self-assessment is for your own personal awareness. It is not a psychological inventory to determine who will make a good collaborator and who will not. The trait, attribute, or knowledge associated with each item has been identified as a characteristic that supports successful collaboration by professionals who are themselves good collaborators. By increasing your awareness of which traits, attributes, or knowledge **YOU** may need to develop or strengthen within yourself, and by being sensitive to how these characteristics help or hinder your ability to collaborate, you will be on the road to increasing your abilities as a successful collaborator! You will learn the most from honest responses.

Please rate yourself on a scale of 1 to 5. One means "A Great Opportunity for Me to Learn" and five means "I'm a STAR!" *Use the "Explain" space only if you feel the rating doesn't speak for itself.*

INTRAPERSONAL WELL-BEING:

1. I have a working knowledge of adult learning styles.
1 2 3 4 5
Explain:

2. I use common sense in ways that other people acknowledge.
1 2 3 4 5
Explain:

3. I value people.
1 2 3 4 5
Explain:

4. My confidence level is high and seldom shaken.
1 2 3 4 5
Explain:

5. I keep my expectations realistic in ways that other people generally acknowledge.
1 2 3 4 5
Explain:

6. Others see me as someone who takes personal and professional risks.
1 2 3 4 5
Explain:

---

* Developed by Deiro, J. (1993) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

BEST COPY AVAILABLE

SELF-ASSESSMENT GUIDE* cont'd p. 2

7. I can make and keep commitments.
1 2 3 4 5
Explain:

8. I know how to be in the learner's position even when learning from subordinates.
1 2 3 4 5
Explain:

9. I am not afraid to make a mistake in front of other people.
1 2 3 4 5
Explain:

10. I am very comfortable with ambiguity.
1 2 3 4 5
Explain:

11. Even when I am angry at someone, I can see their basic goodness.
1 2 3 4 5
Explain:

12. I have a great sense of humor.
1 2 3 4 5
Explain:

13. I laugh at myself daily.
1 2 3 4 5
Explain:

14. I easily acknowledge when I am wrong; I am good at taking critical feedback, even when given inappropriately.
1 2 3 4 5
Explain:

15. I know my strong points for collaborating and my weak points.
1 2 3 4 5
Explain:

*** Developed by Deiro, J. (1993) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.**

SELF-ASSESSMENT GUIDE* cont'd p. 3

16. I know my survival skills and appraise them regularly when working with people.
1 2 3 4 5
Explain:

17. Both I and others see me as a flexible person.
1 2 3 4 5
Explain:

18. I am comfortable suspending my personal and professional biases.
1 2 3 4 5
Explain:

19. I trust both group and individual processes.
1 2 3 4 5
Explain:

20. I can identify 3 major personal issues that may interfere with my ability to collaborate.
1 2 3 4 5
Explain:

INTERPERSONAL RELATIONSHIPS:

21. I am comfortable being in the middle of conflict.
1 2 3 4 5
Explain:

22. I am very persistent at developing relationships and strategies to solve a problem.
1 2 3 4 5
Explain:

23. I have no trouble being honest with my communication.
1 2 3 4 5
Explain:

---

* Developed by Deiro, J. (1993) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

BEST COPY AVAILABLE

SELF-ASSESSMENT GUIDE* cont'd p. 4

24. I am familiar with the steps it takes to build a trusting relationship.
1 2 3 4 5
Explain:

25. I am very comfortable communicating about difficult issues, even if they are personal or sensitive.
1 2 3 4 5
Explain:

26. I know how to create an environment that encourages direct and honest communication.
1 2 3 4 5
Explain:

27. I know how to demonstrate and establish respect for another individual's abilities.
1 2 3 4 5
Explain:

28. I am aware of my power and influence and can temper them appropriately.
1 2 3 4 5
Explain:

29. I am familiar with good communication skills and practice them daily.
1 2 3 4 5
Explain:

30. I understand the change process from a theoretical perspective.
1 2 3 4 5
Explain:

31. I can apply this model for change to myself and others in the midst of change.
1 2 3 4 5
Explain:

32. I don't take things personally.
1 2 3 4 5
Explain:

* Developed by Deiro, J. (1993) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

BEST COPY AVAILABLE

SELF-ASSESSMENT GUIDE* cont'd p. 5

33. I make personal and professional changes easily.
1 2 3 4 5
Explain

34. I know the signs when I inappropriately rescue people in ways that take control from them.
1 2 3 4 5
Explain

GROUP PROCESS SKILLS:

35. I feel comfortable letting go of control and letting individuals take care of their own business.
1 2 3 4 5
Explain:

36. I am aware of different individual work styles and can effectively use this knowledge for the benefit of the group.
1 2 3 4 5
Explain:

37. I know how to keep all participants involved in a group, including new participants.
1 2 3 4 5
Explain:

38. I am very comfortable in both the "follower's" position and the "leader's" position.
1 2 3 4 5
Explain:

39. I know how to access and utilize the knowledge and skills of others.
1 2 3 4 5
Explain:

40. I know how to treat everyone as equal in a group.
1 2 3 4 5
Explain:

---

* Developed by Deiro, J. (1993) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

SELF-ASSESSMENT GUIDE* cont'd p. 6

41. I am aware of my control issues and know how to set them aside.
1 2 3 4 5
Explain:

42. I know the cues that tell me that collaboration is not necessary.
1 2 3 4 5
Explain:

43. I can keep on task, yet also be patient with the process.
1 2 3 4 5
Explain:

44. I know when the task or the process is more important than the other.
1 2 3 4 5
Explain:

45. I recognize my personal "turf" issues and can back off of my turf issues as soon as I recognize them.
1 2 3 4 5
Explain:

46. I know how collaborative group process models differ from other group process models.
1 2 3 4 5
Explain:

47. I am familiar with the common barriers to collaboration and the common strategies to overcome these barriers.
1 2 3 4 5
Explain:

48. I know the techniques and can run an effective collaborative group meeting.
1 2 3 4 5
Explain:

---

* Developed by Deiro, J. (1993) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

SELF-ASSESSMENT GUIDE* cont'd p. 7

ORGANIZATIONAL MOXIE:

49. I know how to make service-providing organizations client-centered.
1 2 3 4 5
Explain:

50. I understand, value, and practice networking.
1 2 3 4 5
Explain:

51. I know the steps to problem-solving, including how to focus on a solution rather than a glitch.
1 2 3 4 5
Explain: -

52. I am comfortable with things constantly changing and not being the way I expect them to be.
1 2 3 4 5
Explain:

53: I know how to assess a system's strengths and weaknesses without judging the system.
1 2 3 4 5
Explain:

54. I can quickly analyze and identify my personal and organizational assumptions.
1 2 3 4 5
Explain:

55. I am familiar with common organizational barriers and know appropriate procedures for overcoming these barriers.
1 2 3 4 5
Explain:

56. I know key ethical issues arising from collaboration.
1 2 3 4 5
Explain:

57. I am comfortable being flexible with how rules are interpreted and applied.
1 2 3 4 5
Explain:

---

* Developed by Deiro, J. (1993) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

SELF-ASSESSMENT GUIDE* cont'd p. 8

COMMUNITY AND NATIONAL PERSPECTIVES:

58. I can set my competitive drives aside and easily let someone else get credit for the work I am doing.
1 2 3 4 5
Explain:

59. I am familiar with strategies for gaining community commitment to collaborative goals.
1 2 3 4 5
Explain:

60. I know how to identify key subcultures, key resources and leadership patterns within a community.
1 2 3 4 5
Explain:

61. I work to enhance the cultural diversity in the groups with which I work.
1 2 3 4 5
Explain:

COLLABORATIVE PRACTICE:

62. I know the difference between cooperation, coordination, and collaboration and know when to use them.
1 2 3 4 5
Explain:

63. I know how to address the interprofessional issues of confidentiality in order to more effectively work with the client.
1 2 3 4 5
Explain:

64. I know where to go or whom to ask to get the regulatory and organizational information I need for collaboration.
1 2 3 4 5
Explain:

---

* Developed by Deiro, J. (1993) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

ESSENCES SELF-ASSESSMENT GUIDE*

The TIC Project promotes six essential ideas which serve as a basis of collaborative practice. This self assessment will help you and us, the facilitators, to understand how effectively we have conveyed these ideas.

Please rate yourself on a scale of 1 to 5. Write the appropriate number in the box next to the statement.

Haven't a clue		Know this one		This I can teach
1	2	3	4	5

1. I know what interprofessional collaboration is. [ ]
Explain:

2. I know the difference between coordination, cooperation, and collaboration. [ ]
Explain:

3. I know when collaboration is useful and when it is not. [ ]
Explain:

4. I can recognize and name the stages of development of a collaborative group. [ ]
Explain:

5. I understand the general tasks of each stage of development. [ ]
Explain:

6. I have a plan for negotiating the challenges of each stage of development. [ ]
Explain:

7. I know how to accentuate the strengths of my clients. [ ]
Explain:

8. I know how to translate seemingly negative traits into positive attributes. [ ]
Explain:

9. I can articulate the difference between betterment and empowerment. [ ]
Explain:

10. I understand the demands and limitations of empowerment and betterment models of collaboration. [ ]
Explain:

* Developed by Hanley, M. S. (1994) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

ESSENCES SELF-ASSESSMENT GUIDE* cont'd p. 2

11. I recognize the benefits of controversy in a collaborative group. [ ]
Explain:

12. I can recognize when unresolved conflicts are affecting the work of the collaborative. [ ]
Explain:

13. I know how to present conflicts in a constructive manner. [ ]
Explain:

14. I know how to take the other person's perspective. [ ]
Explain:

15. I am skilled in the process of differentiation and integration in problem solving. [ ]
Explain:

---

* Developed by Hanley, M. S. (1994) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

COLLABORATIVE COMPETENCIES FOR SERVICE PROVIDERS*

Synthesis of the various collaborative competency assessment components has resulted in a conceptual framework that proceeds from knowledge, skills, and attitudes at the intrapersonal level and on through interpersonal relationships, group processes, organizational savvy, and socio-cultural understandings levels. The consolidated competency statements emerging from the review of competency assessment data clearly show that to be an effective collaborator, students must not only hold appropriate attitudes and values for collaboration, but they also must learn the very basic skills of collaboration, such as group meeting leadership and consensus negotiation. Students of collaboration must also develop knowledge of their various collaborative partners' languages, key concepts, organizational missions, and so forth. Teachers, for example, must know something of how social workers and public health workers define their objectives, perceive their clients, and carry out their work; social and health workers must likewise know the basics of teachers' work. Further, effective collaborators must develop the habit of reflection on their collaborative efforts so that future efforts are informed by past experience. The overarching purposes of any curriculum based on the competencies are then 1) to develop the basic skills, knowledge and attitudes to become an increasingly sophisticated collaborator and 2) to increase reflection and analysis of oneself in the role of collaborator.

The collaborative competencies for service providers are summarized as follows:

INTRAPERSONAL WELL-BEING

1. Understanding of what constitutes theories and belief systems and how they affect one's actions and perceptions about collaboration in work.
2. Knowledge of personal/human development processes and ability to apply to understanding of one's own life (and the lives of others) as they relate to collaboration.
3. Regular self-assessment of behavior.
4. Awareness and maintenance of attitudes necessary for collaboration including: willing to take risks, set realistic expectations, tolerate ambiguity, show sensitivity to socio-cultural differences, accept responsibility for one's own actions, and accept various group support roles as needed.

INTERPERSONAL RELATIONSHIPS

5. Communications skills including: reading non-verbal cues, active listening, clarifying terminology and ideas, summarizing, giving and receiving feedback.
6. Knowledge and skills on how to motivate and validate other individuals and develop trusting relationships.
7. Conflict management and resolution skills.
8. Negotiation skills.
9. Knowledge of one or more models for change and skills to support that change.
10. Skills and knowledge to identify multiple, diverse service needs of clients.

---

* Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.

COLLABORATIVE COMPETENCIES FOR SERVICE PROVIDERS (p. 2)*

GROUP PROCESS SKILLS

11. Skills to run effective task-oriented meetings for collaboration, e.g. setting agenda, establishing common vision, clarifying language, setting ground rules, identifying barriers and concerns, exchanging information, achieving consensus.
12. Knowledge of dynamics of groups and skills in motivation, absorbing new members, equalizing participants, shared responsibilities and successes, commitment to a common goal.
13. Skills in team-building, e.g. creating ceremonies, symbols, rituals.
14. Knowledge of how to identify participants, tasks, and roles in a collaborative service group.
15. Knowledge of how to develop, monitor and adapt accountability systems for the collaborative service group.

ORGANIZATIONAL SAVVY

16. Knowledge of collaborative models(s) of service delivery and how it (they) differ from other models of service delivery.
17. Knowledge of and ability to articulate one's own organization mission, structure, services, and language.
18. Knowledge of mission, structure, services, and language of collaborating agencies.
19. Knowledge of standard operating procedures for intra-organizational and interorganizational feedback.
20. Political savvy within one's own organization and with traditionally adversarial organizations, e.g. unions, lobby groups.
21. Networking skills including how to meet key individuals, sustain relationships, and establish agreements for reciprocity.
22. Knowledge of professional ethics and liability issues.
23. Skills in accessing pertinent information necessary for collaboration, e.g. regulatory information.
24. Knowledge of alternative degrees of precision in rule interpretation and ability to assess appropriate level of precision required for a given situation.

SOCIO-CULTURAL PERSPECTIVE

25. Knowledge of community resources, leadership patterns, and subcultures
26. Knowledge and sensitivity to socio-cultural differences and their impact on group processes and services, especially how to deal with isolated, seemingly resistant clients.
27. Knowledge of core American values that support and hinder the collaborative process.
28. Knowledge of strategies to gain community commitment to selected service goals.

---

* Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.

COMPETENCIES FOR MIDMANAGERS AND POLICY MAKERS*

Intrapersonal Skills

Effective collaborators will:

1) Adopt a routine of personal reflection.

Interpersonal Skills:

1) Understand individual behavior within the context of the organization.
2) Encourage autonomy, flexibility and risk-taking by creating a safe environment for these qualities to exhibit themselves and then provide appropriate feedback.
3) Develop communication mechanisms for appropriate disclosure of external activities.
4) Use good motivational techniques for employees.
5) Understand and support the resolution of interpersonal problems with the collaborative team.

Group Process Skills

1) Understand and support the importance of good communication and development of strong networks.
2) Develop skills to mediate between groups of people and organizations.

Organizational Moxie

1) Develop an understanding of the legislative and funding environment.
2) Advocate for the program in the external environment.
3) Learn how to lobby in the legislature.
4) Understand and support the special needs of training with collaborative efforts.
5) Develop information and record-keeping systems that are appropriate, efficient and supportive to the collaborative process.
6) Identify the difference between agencies that are entrenched and agencies that are creatively taking risks.
7) Practice intra/inter-group skills that promote creative risk-taking with agencies.

---

* Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.

COLLABORATIVE COMPETENCIES *

Intrapersonal Well-Being

1. Understanding of what constitutes theories and belief systems and how they affect one's actions and perceptions about collaboration in work.

2. Knowledge of personal/human development processes and ability to apply to understanding of one's own life (and the lives of others) as they relate to collaboration.

3. Regular self-assessment of behavior.

4. Awareness and maintenance of attitudes necessary for collaboration including: willing to take risks, set realistic expectations, tolerate ambiguity, show sensitivity to socio-cultural differences, accept responsibility for one's own actions, and accept various group support roles as needed.

*** Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.**

COMPETENCIES cont'd *

Interpersonal Relationships

5. Communications skills including: reading non-verbal cues, active listening, clarifying terminology and ideas, summarizing, giving and receiving feedback.

6. Knowledge and skills on how to motivate and validate other individuals and develop trusting relationships.

7. Conflict management and resolution skills.

8. Negotiation skills.

9. Knowledge of one or more models for change and skills to support that change.

10. Skills and knowledge to identify multiple, diverse service needs of clients.

*** Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.**

COMPETENCIES cont'd *

Group Process Skills

11. Skills to run effective task-oriented meetings for collaboration, e.g. setting agenda, establishing common vision, clarifying language, setting ground rules, identifying barriers/concerns, exchanging information, achieving consensus.

12. Knowledge of dynamics of groups and skills in motivation, absorbing new members, equalizing participants, shared responsibilities/successes, commitment to a common goal.

13. Skills in team-building, e.g. creating ceremonies, symbols, rituals.

14. Knowledge of how to identify participants, tasks, and roles in a collaborative service group.

15. Knowledge of how to develop, monitor and adapt accountability systems for the collaborative service group.

*** Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.**

COMPETENCIES cont'd *

Organizational Savvy

16. Knowledge of collaborative model(s) of service delivery and how they differ from other models of service delivery.

17. Knowledge of and ability to articulate one's own organizational mission, structure, services, and language.

18. Knowledge of mission, structure, services, and language of collaborating agencies.

19. Knowledge of standard operating procedures for intra-organizational and interorganizational feedback.

20. Political savvy within one's own organization and with traditionally adversarial organizations, e.g. unions, lobby groups.

---

* Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.

COMPETENCIES cont'd *

Organizational Savvy cont'd

21. Networking skills including how to meet key individuals, sustain relationships, and establish agreements for reciprocity.

22. Knowledge of professional ethics and liability issues.

23. Skills in accessing pertinent information necessary for collaboration, e.g. regulatory information.

24. Knowledge of alternative degrees of precision in rule interpretation and ability to assess appropriate level of precision required for a given situation.

*** Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.**

COMPETENCIES cont'd *

Socio-Cultural Perspective

25. Knowledge of community resources, leadership patterns, and subcultures.

26. Knowledge and sensitivity to socio-cultural differences and their impact on group processes and services, especially how to deal with isolated, seemingly resistant clients.

27. Knowledge of core American values that support and hinder the collaborative process.

28. Knowledge of strategies to gain community commitment to selected service goals.

---

* Developed by the Training for Interprofessional Collaboration Project (1992). University of Washington, Seattle, WA.

A-5 DRAWING COLLABORATION

♦ **Collaboration is a complex activity, requires creativity, and may be expressed and interpreted in multiple ways.**

Learning Objectives

1A. Students will define and describe interprofessional collaboration.

Activity Description

Materials: paper (individual sheets and large poster size sheet, pencils, markers, other art supplies

Time: 30 minutes on one day or on three different days

1. At the end of a collaborative process each student creates a metaphor, a simile, or a visual image of collaboration.

OR

2. At the beginning, middle, and end of a collaborative process each student creates a metaphor, a simile, or a visual image of collaboration.

3. Each student explains his or her image of collaboration to the class.

4. Combining each of the visual images, the metaphors, and similes, the students create a class collage of collaboration.

5. **Class discussion**
   a. What does the class collage tell you about collaboration?
   b. How do the interpretations of collaboration at the three stages of group development differ? How are they similar?
   c. Are any of the differences in perspectives on collaboration related to interprofessional variations?
   d. What in the students' experience as collaborators has helped to change their understanding and view of collaboration?
   e. What explanations or information does the assigned reading offer to the images that were generated by the class?

Related Readings

Winer, M. & Ray, K. (1994), pp. 21-39
Gray, B. (1989), pp. 1-25

Related Activities

A-1 Constructing Cases; **C-2** A Little Effort in Collaboration; **D-1** Collaboration and Group Process; **D-2** Build a Model of Collaboration

A-6 COLLABORATIVE SELF-ASSESSMENT

◆ **Periodic assessment is essential to the success of the complex interactions of a collaborative effort.**

Learning Objectives

1A. Students will develop a shared understanding of collaborative practice.
1C, 2C, 3C. Students will identify the interpersonal and group process skills necessary for collaborative practice.
1D, 2D. Students will identify and demonstrate the use of organizational elements necessary to the work of a collaborative team.
2E, 3E. Students will identify and apply knowledge of the socio-cultural community patterns that is essential for the development of collaborative efforts with families and in communities.

Activity Description

Material: "Cohort Self-Assessment"(CSA)
Time: variable

1. In 7 or 8 small groups students evaluate the processes of the collaborative team highlighted in one of the sections presented in the CSA.

2. Reporters from the small groups explain findings to the whole collaborative team/cohort.

3. Collectively create a graph or grid that is visible to all class members. Track the development of the group.

Variations

1. Choose the less developed and well developed items that are most essential to the progress of the collaborative. Discuss why these areas of concern or interest were selected. On a large piece of paper track group progress over a period of time.

2. Choose the less developed items in need of attention for the collaborative. Devise a plan of action to improve performance in that area. Track the progress of the collaborative.

3. The instructor chooses the ratings on selected items. The students discuss the possible ramifications of the issues raised by the well developed as well as underdeveloped items.

   a. How would the less developed factors influence the process of the group?
   b. How would the well developed factors influence the process and work of the group?
   c. What interventions and actions might increase the positive development of the process?

Related Readings

Johnson, D. & Johnson, F. (1994), pp. 501-539
Melaville, A., Blank, M., & Asayesh, G. (1993), pp. 5-99
Winer, M. & Ray, K. (1994).
Saleebey, D. (1992). pp. 3-17; 169-179
Weick, A. (1992). pp. 18-26

Related Activities

This learning activity is appropriate for use with all of the aspects of interprofessional collaboration training and work.

COHORT SELF-ASSESSMENT*
Where Are We Now?

OUTCOME FOCUS

Maintaining direction and purpose

Less Developed	**Highly Developed**
We often have trouble maintaining our over-all sense of direction and priorities.	We have developed a vision, mission, or statement of purpose that is strong enough to keep us moving forward.
Our collaborative team has not yet agreed on a set of indicators of success by which to measure our collaborative process.	We have developed a clear, detailed set of well-being indicators to measure our collaborative processes.
As we've gotten into implementation, we've found significant issues that we hadn't planned for because of gaps in community assessment process.	We're confident, based on site, family, community, and/or agency responses, that our current activities are responsive to the realities and needs of our families and community.
We haven't yet thought through our own cohort self-evaluation processes.	We have a sense of which outcomes matter and which data or processes to watch most closely to reach our goals.
We have goals for our work and processes, but they aren't stated so that we'll be able to tell whether we're reaching them.	We have goals that are specific, measurable, and time-specific statements of desired processes and outcomes.
We haven't yet developed a plan for monitoring our progress toward our specific goals.	We have a detailed plan for ongoing information collection for monitoring our progress towards goals.

Monitoring Progress

Although we are collecting information to give us some feedback on progress, it doesn't seem to be integrated in our action plans.	Our plan for monitoring our progress includes a process for responding to new information and adjusting action accordingly.
We haven't developed a plan to check if the situation in our community is changing in response to our actions or due to other factors.	We have a detailed plan for periodic review of the situation in our community by collecting data on new topics as needed.

---

* Permission granted for use (1996). Adapted from "Operational Site Self-Assessment," Healthy Start Field Office, University of California—Davis, Davis, CA for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA

COHORT SELF-ASSESSMENT* cont'd

BUILDING INFORMAL AND FORMAL SUPPORTS FOR YOUTH, FAMILIES, AND COMMUNITIES

Creating Welcoming, Supportive Environments

Less Developed	**Highly Developed**
We've had trouble getting certain people or groups involved in meetings or activities.	Participants report that they can participate fully in the process and we constantly monitor to ensure that language, attitudes, or other barriers to access are not problems.
We recognize the importance of participation of community members but we're uncomfortable about bringing them into our sessions.	We have developed a process for bringing all the stakeholders to the table as soon as possible in the process.
We have a difficult time getting community and family members to speak up at meetings.	All members of the team are involved in designing our meeting process and have been trained in the needed meeting skills.

Accentuating Family and Community Strengths

Less Developed	**Highly Developed**
Things are so rough in our community that it's hard for us to see any family or community strengths that we can harness.	Our project is built upon the strengths of individuals and the community, and maximizes the opportunities for people to provide services to one another.
We find we have some gaps in the professional expertise that we need to serve our families and communities fully, and this is restricting the scope or depth of our work.	We have the professional expertise we need, either on site or by a reliable consulting or referral relationship, to reach our goals.
We tend to deal with one issue a family or community is facing at a time.	We deal with the interactive effects of strengths and weaknesses in social, health, educational, and other issues faced by the families and communities we work with.

*Permission granted for use (1996). Adapted from "Operational Site Self-Assessment," Healthy Start Field Office, University of California—Davis, Davis, CA for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA

COHORT SELF-ASSESSMENT* cont'd

Accentuating Family and Community Strengths

Less Developed	**Highly Developed**
Our focus is on helping communities and families deal with their problems or filling their immediate needs.	Community and/or family strengths are assessed and become the groundwork for plan or actions taken by the collaborative team. We also focus on fostering families and communities to grow beyond their present capabilities.
Community or family members or representatives from the site believe they get the services and projects the members of the collaborative team think they need.	Community, family, and site representatives believe they are an integral part of the collaborative team working together to accomplish our goals.

Building on or Integrating Existing Service Systems

Less Developed	**Highly Developed**
We don't have a clear picture of the services the school system provides to families and our community.	We have a complete inventory of the programs and services the school system provides to families and our community.
We don't have a clear picture of the services that public agencies provide to families and the community.	We have a complete inventory of the programs and services that public agencies provide to families and individuals in our community.
We're unsure of the services that non-profit organizations and neighborhood self-help organizations provide to individuals and families in our community.	We have a clear picture of the programs and services that community based-organizations provide to members of our community.
We're unsure of the human, organizational, and financial resources available in our community.	We have a clear picture of the resources in our community so we do not reproduce already available services.

---

* Permission granted for use (1996). Adapted from "Operational Site Self-Assessment." Healthy Start Field Office, University of California—Davis, Davis, CA for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA

COHORT SELF-ASSESSMENT* cont'd

Following Through and Following Up

Less Developed	**Highly Developed**
We don't have a mechanism for periodically critiquing the effectiveness of the project.	We have an adaptable assessment process we use in project development and implementation. We use the data to adjust our project goals and plans.
There are no ways yet developed for project continuity once the project has been completed.	All of the members of the collaborative team have assessed the need for continuation of the project and have developed a plan for building continuity, if desired.
Community, site, and University requests for information about the process and the project go unanswered because there is no formal process for informing them.	Formal and informal communication channels have been established to regularly inform interested parties.

INTERPROFESSIONAL COLLABORATION

Interprofessional Expertise

Less Developed	**Highly Developed**
We do not have a clear understanding of the language, mandates, and missions of the various service-providing professions in our collaborative project.	As a collaborative team we have shared the language, services, and missions of our individual professions. Community, family, and University members have learned about the commonalties and differences in professions.
Professional policies have hindered the work of our collaborative group.	We have identified the differences among our professions, organizations, and disciplines and have developed ways to overcome or capitalize on these differences.
We do not have a clear understanding of the interactions and connections of organizations and individuals in the community	We have developed a network analysis that informs the process, the participants, and the goals of our project.

* Permission granted for use (1996). Adapted from "Operational Site Self-Assessment." Healthy Start Field Office, University of California—Davis, Davis, CA for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA

COHORT SELF-ASSESSMENT* cont'd

Governing and Making Decisions

Less Developed	**Highly Developed**
Our collaborative team lacks some members necessary to carry out our plans and make the necessary systemic changes in order to achieve our goals.	Our collaborative group includes all the necessary members to represent the diversity of our community, and the breadth of professional and community expertise, and to have the clout to make commitments and changes for groups or agency.
We don't know or understand each other as well as we need to yet.	We understand the culture, system, strengths, and limitations of each of our members and pay attention to meeting their needs.
There isn't a pathway for recommendations and decisions to be communicated between high-level policy makers and the collaborative team.	We have a smoothly working system for keeping our site level collaborative team participants and top decision makers in touch with each other and able to solve problems.
Our collaborative often seems to get bogged down in conflict.	Our members have enough trust and process skills to use points of conflict to examine our own process and program content.
Our group often has a difficult time making decisions	We have established a thorough and workable process for making decisions.
We often find it hard to keep on track, surface important issues, or allow necessary conversations and exploration.	Our meeting process allows for maximum creativity and expression while keeping us moving forward and making informed, shared decisions.
We've had a difficult time getting collaborative members to be accountable for decisions.	Collaborative members share in accountability for all plans and actions.
It takes a long time to get new people up to speed.	We have an effective orientation for new members and consciously work toward making them feel included.

---

*Permission granted for use (1996). Adapted from "Operational Site Self-Assessment." Healthy Start Field Office, University of California—Davis, Davis, CA for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA

COHORT SELF-ASSESSMENT* cont'd

Working Toward a Systems Change

Less Developed	**Highly Developed**
We have been unable to get support from people who are able to make the necessary changes at the system level.	We have the active support of the leaders who can and do make systemic changes based on our needs and the progress that we are making.
We haven't thought yet about whether or how we might pool resources or blend funding with other agencies, organizations, or cohorts in order to best achieve joint goals.	We have made significant steps toward pooling or blending resources and funding in order to meet the needs of our projects.
We haven't yet approached the business sector for support.	We have active participation from businesses not only in planning and decision making, but with concrete dedication of their resources.
We don't yet know what resources are needed to enable the project to maintain itself after the our group is disbanded.	We have a detailed realistic plan to sustain the work of the project including commitments from site, agencies, and organizations that will direct resources.

---

*Permission granted for use (1996). Adapted from "Operational Site Self-Assessment." Healthy Start Field Office, University of California—Davis, Davis, CA for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA

A-7 A SINGULAR APPROACH

◆ **When a case is complex one discipline or agency/organization will be limited in its ability to understand and address the issues.**

Learning Objectives

3A. Students will demonstrate skill in accessing information necessary for collaboration.

4A. Students will analyze a simulated situation to determine when collaboration is appropriate.

Activity Description

Material: Copies of the "The Case of Marylinn Bronson."
Time: 1 hour

1. Divide the class into groups made up of people in the same profession or discipline.

2. Pass out the case. Have students analyze the case according to their professional training and/or experience. (20 mins.). (**Note**: The "Workbook for Program Development" can be handed out as a guide).

   a. **Who is(are) the client(s)?**
   b. **What are the problems?**
   c. **What are the solutions?**
   d. **What are the resources available?**
   c. **What are the unanswered questions that arise?**

3. Reintegrate the class and have each professional group explain their analysis and decisions to the other participants. (20 mins.)

   Discussion
   a. **What are the differences and similarities between the philosophies, approaches, language, emphasis, and resolutions to the case?**
   b. **What were the questions that came up that could not be answered by a uniprofessional team?**

5. Have the participants from the various professions answer the questions that arose. (15 mins.)

6. Discuss how interprofessional collaboration could facilitate the handling of this case. (5 mins.)

Related Readings

Bruner, C. (1991)
Melaville, A., Blank, M. & Asayesh, G. (1993), pp. 5-18
Saleebey, D. (1992), pp. 3-17; 169-179
Weick, A. (1992), pp. 18-26
Cowger, C. (1992), pp. 139-147

Related Activities

A-1 Constructing Cases **A-3** A Collaborating Effort **E-6** Stakeholder's Market
F-2 Vision Into Action **F-3** Images of Change

The Case of Marylinn Bronson*

Marylinn is a woman on the run and living in fear. After 10 years of emotional and physical abuse she finally decided to leave her husband, the town where she grew up, and the people she had known all her life. She left it all behind because she was afraid that the next time she was beaten she might not live through it. For years, Marylinn had thought that Bob's anger and frequent beatings were what she deserved. Somehow they had to be her fault. That's what everybody said, even her mother and father. They kept telling her how lucky she was to marry one of the Bronson boys.

"Not many people in this here town gone to college, let alone be a lawyer," her daddy always said. "He put you in a nice house and got you a real nice car. You ought to be a better wife."

Bob was only one of two lawyers in town. He made a good living and Marylinn had to admit she had most of the things that she wanted. So when her mother and father said, like everybody else in town, that all she had to do was be more obedient and Bob wouldn't beat her, Marylinn believed it. She believed it until that day four years ago when Bob broke her arm for not being home when he came home unexpectedly for lunch. On that day she'd had an emergency with Robert, Jr., and had to go get him from school and take him to the hospital. Before she could explain it to Bob, he had shoved her down the stairs.

She threatened to leave then, but as usual, he was so apologetic and concerned about her after he hurt her. He brought her presents and fussed over her; he knew how to make her happy, when he wanted to. Truly, Marylinn needed love and care, but Bob's attention was confusing. This time he had bought her the new sewing machine that she had wanted for so long. Her favorite grandmother had taught her to sew when she was little. Making pretty things for her family always made Marylinn feel happy and made her wonder what else she could do if she tried.

---

* Developed by Hanley, M. S. (1994) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

At another time Bob told her that if she left him, he would hunt her down, divorce her, and take everything, including the children. Marylinn was a small town girl with little experience, and she was confused and frightened. But the last straw came when Marylinn and Willa, their six year old daughter, had been playing playhouse together while Bob and Robert, Jr. were out fishing. When Bob came in he hurt his toe on a toy that Willa had left on the floor. Bob was so angry that he smacked Willa so hard that she sprawled across the floor. After Bob left the room, Marylinn held and rocked the sobbing and shaking Willa and saw the terror on her child's face. Marylinn saw herself in Willa's eyes and knew she had to leave for her daughter's sake, if not for her own.

That night, while her husband was out drinking with his friends, she put her two sleepy kids, Willa and Robert, in the car with only a few clothes and toys and started driving. She drove almost non-stop from North Carolina to the state of Washington. But, when she arrived in Seattle she had no home, hardly any money, and no job. The only job Bob had let her take was two weeks as a receptionist in his office, so she didn't have much job training or experience. Also, she didn't know anybody or anything about the city to which she had driven. And worst of all, she was terrified that Bob would find her, take her children, and kill her.

---

* Developed by Hanley, M. S. (1994) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

A WORKBOOK FOR PROGRAM DEVELOPMENT*

Define the Issue or Condition
Set Goals
Assess Resources and Constraints
Develop Objectives
Plan Program Development
Evaluation and Feedback

THE ISSUE OR CONDITION

What is the Issue or Condition that concerns you?

1. What ought to be happening?

2. What is currently happening?

3. What are the primary causes of the condition?

---

*Developed by Teather, E. C. (1996). Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA 98195.

BEST COPY AVAILABLE

Workbook cont'd p. 3

SETTING GOALS

1. What are the directions in which we want to proceed?
2. Narrow it down. What can we agree on?
3. Now write a description of what we want to accomplish. It has to be "doable."

Workbook cont'd p. 4

RESOURCES OR CONSTRAINTS

1. What's possible; what can we get; what can we do?
2. What help do we need? Where can we get it?
3. What constraints are there? How will we deal with them?

*Developed by Teather, E. C. (1996). Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA 98195.

Workbook cont'd p. 5

GUIDELINES FOR ACTION
DEVELOP OBJECTIVES

Write a Statement of Guidelines that
Achieves Goals
Acquires Resources
Removes Constraints

This Statement will become our Objectives

Each Objective tells us

1. Who
2. will do what
3. with whom
4. when (time frame)
5. indicators of completion

The Objectives are then time sequenced and become the
IMPLEMENTATION PLAN

Lay out the plan for time and sequence on a big chart.

We now have a focused and orderly plan for addressing the condition or issue of concern.

Workbook cont'd p. 6

EVALUATION PLAN

The EVALUATION PLAN will tell whether or not we are achieving our IMPLEMENTATION PLAN. It will also tell us whether or not our plan was successful in changing the conditions of concern.

Write a plan to track the Indicators of Completion for the Objectives

Write a plan to assess the success of our IMPLEMENTATION PLAN on the conditions of concern.

COMPLETION OF THE WORKBOOK MEANS YOU ARE READY TO START!
DOING THE WORKBOOK MEANS YOU ARE GETTING IT DONE!

*Developed by Teather, E. C. (1996). Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA 98195.

A-8 THE WHO-ALL SIMULATION

Learning Objectives

1A. Students will define collaboration and the processes involved in collaboration.

1C. Students will identify individual characteristics necessary for collaboration.

2C. Students will demonstrate the use of effective communication and conflict resolution skills.

1D. Students will create a vision statement, a mission statement, a plan of action, and a plan for evaluation.

Activity Description

Materials: Copies of "The Essences of Collaboration," "The Case of Whoall" and the "Whoall Key Players Options" list for each participant.
Time: variable
(**Note:** For further instructional content and sequence please see the "Summer Institute of Public Health Practice" in Section IV. Syllabi.)

1. Day One—The nature and essences of collaboration.
   - a. **What is collaboration? What are the benefits and limitations of collaboration?**
   - b. **What are the stages of a collaborative process?**

Give each student a set of the "Essences of Collaboration" cards to review and refer to as reminder of the process of collaboration throughout the classes/course.

2. Day Two—Collaborative group process issues
   - a. **What forms and levels of leadership work best in a collaborative process?**
   - b. **What are the tasks for leadership in collaboration?**
   - c. **How can controversy be handled constructively?**
   - d. **How should issues of power and control be negotiated in order to work collaboratively?**
   - e. **What communication skills are necessary?**
   - f. **What is the importance and foundation of trust in collaboration.**

3. Day Three—Deciding on the stakeholders, forming the collaborative team. The students read the case study and the list of potential key players. They discuss the issues of the case.
   - a. **What are the strengths of the community?**
   - b. **What needs to be done to improve the lives of the people in the community?**

The students select the stakeholders that would most effectively deal with the needs of the community.
   - a. **What are the resources needed to address the issues?**

- b. **Who has the resources related to the issues?**
- c. **Who has the power and the information?**
- d. **Who has the needs and interest in resolving the issues?**
- e. **How can the project involve empowerment of the community?**

Each student assumes a role of one of the stakeholders and maintains that role throughout the remainder of the week. In fact, as soon as they enter the classroom, they enter as a member of the Whoall Collaborative Team.

4. Day four—As a collaborative team the students create a vision for the community. (See **D-5** Visioning for a Collaborative Project)

- a. **What is the vision for a better community?**
- b. **What is the mission statement that can be developed based on the vision statement?**
- c. **What resources do the stakeholders bring that are relevant to the and mission?**
- d. **What resources need to be added?**

Students are assigned tasks by the collaborative, based on their roles and resources, e.g. the leader of the PTA and the mother of two speak to the PTA at the schools about the collaborative's vision to get an endorsement and volunteers from the PTA. The youth minister organizes a brigade of young people to help out. The banker speaks to the board of directors at his bank about financial assistance, etc. (*The tasks for the stakeholders depends on the nature of the vision.*)

At home the students write a paragraph or two about the outcome of their assignments. They may decide to be successful, or not.

5. Day Five—Summing up and ending the collaboration. In the roles of the stakeholders, students tell what they were able to achieve with their assignments. The collaborative must then decide what needs to be done based on what resources and information have been given.

- a. **Is the vision a possibility given the response of the community?**
- b. **Are there any adjustments that need to made to the vision and/or mission statements?**
- c. **Are there any new stakeholders that should be at the table?**
- d. **Are there any new hurdles or obstacles that need attention?**

In the role of the stakeholders students should also evaluate the collaborative process.

- a. **Is there sufficient trust among the members of the group?**
- b. **Is the vision shared by all of the members of the collaborative?**
- c. **Have the members been equally responsible in their work toward the vision?**
- d. **Has leadership, team building, and communication been effective for the work of the collaborative team?**

As students, not stakeholders, review the nature and essence of collaboration. Evaluate the collaborative effort to engage in the role play and simulation.

- **a. Were all members equally involved and committed? If not, why not?**
- **b. What did each student learn about themselves and others in a collaborative situation?**
- **c. What did each student learn about collaboration?**

Related Readings

Gray, B. (1989)
Bruner, C. (1991)
Winer, M. & Ray, K. (1994)
Melaville, A., Blank, M. & Asayesh, G. (1993), pp. 5-18
Saleebey, D. (1992), pp. 3-17; 169-179
Weick, A. (1992), pp. 18-26
Cowger, C. (1992), pp. 139-147
Sullivan, W. P. (1992), pp. 148-157
Himmelman, A. (1992)

Related Activities

This learning activity is appropriate for use with all aspects of interprofessional collaborative training and work.

The Essences of Collaboration

Wallet sized cards (Cut and paste to 3x5 index cards)

1

Collaboration*

- * requires commitment to a common new mission and goals:
- * a new organizational structure that interrelates roles and divides labor:
- * clear communication:
- * authority that is balanced, leadership that is dispersed, and control that is shared and mutual:
- * resources that are pooled or jointly secured:
- * and more is accomplished jointly than could be done individually.

*Permission for use (1996). Winer, M. & Ray, K. (1996). *Collaboration handbook: Creating, sustaining, and enjoying the journey.* From *Collaboration: What makes it work?*, by P. Mattesich and B. Monsey (1992). For further information on the Wilder Foundation's, call 1-800-274-6024

2

Path of Collaboration*

Stage 1---Hill Country
Bring together, trust, confirm vision and desired results

Stage 2--Marsh Land
Confirm organizational roles, resolve conflicts, organize the efforts, support members

Stage 3--Fertile Plains
Manage the work, joint systems, evaluate, renew the effort

Stage 4--Broad Forest
Create visibility, involve community, change the system, end collaboration

*Permission for use (1996). Winer, M. & Ray, K. (1996). *Collaboration handbook: Creating, sustaining, and enjoying the journey.* From *Collaboration: What makes it work?*, by P. Mattesich and B. Monsey (1992). For further information on the Wilder Foundation's, call 1-800-274-6024

The Essences of Collaboration cont'd p. 2

Wallet sized cards (Cut and paste to 3x5 index cards)

7

Examples

Strength
The community has programs to support parents.

Problem
The community does not recognize the needs of single parents.

Opportunity
The community leaders have pledged new resources for parent support.

3

Having Constructive Controversy*

Look for opportunities to engage in controversy
Prepare the best case for your position
Advocate your position forcefully with an open mind
Encourage others to do likewise
Understand, then challenge opposing positions
Don't personalize disagreements
Ensure several cycles of differentiation and integration
Put yourself in others' shoes
Follow canons of rational argument
Synthesize the best ideas from all viewpoints.

*Permission for use. Johnson, D. W. & Johnson, R. (1994). *Joining Together*. Boston: Allyn and Bacon. For the Training for Interprofessional Collaboration Resource Guide. University of Washington. Seattle, WA (1996).

The Essences of Collaboration cont'd p. 3

Wallet sized cards (Cut and paste to 3x5 index cards)

4

Collaborative Empowerment*

Collaborative empowerment begins within the community and is brought to public, private, or non-profit institutions. Empowerment refers to the capacity to set priorities and control resources that are essential for increasing community self-determination. This process produces long-term ownership of the collaborative's purpose, processes, and products in the community.

*Permission for use. Himmelman. A. T. (1992). Communities working collaboratively for a change. Minneapolis: The Himmelman Consulting Group. For the Training for Interprofessional Collaboration Resource Guide. University of Washington. Seattle. WA (1996).

6

Family Support Principles

Family oriented services and supports respond to the changing nature of families and to what individuals and families say they need, and are culturally relevant, coordinated, locally planned, community-based prevention, outcome based, customer oriented, and creative.

5

Collaborative Betterment

Collaborative betterment, on the other hand, begins outside. The community is invited into a process controlled by larger institutions. Changes and improvements tend not to be long term since they are not owned by the community.

*Permission for use. Himmelman. A. T. (1992). Communities working collaboratively for a change. Minneapolis: The Himmelman Consulting Group. For the Training for Interprofessional Collaboration Resource Guide. University of Washington. Seattle. WA (1996).

The Case of Whoail*
---- A Simulation

Whoail is an agricultural community located in the central section of a northwestern state and has 35,000 members. Thirty-five percent of the population is over 65 years of age. Twenty-five percent are under 19 years of age. The 40% who are ages 20 to 64 years of age are largely employed in agricultural work. However, a recent report showed a 15% unemployment rate. The number of births in 1994 was 600. (60% were covered under the First Steps Project). The number of deaths in all age groups totaled 400.

The homicide rate is one of the highest in the state. The child abuse and neglect rate is above average for the state. There is a trend toward increasing rates of domestic violence.

The community has an agricultural base growing grapes, apples, and strawberries. There are no other major employment sources. There are six elementary schools, 3 middle schools, and one high school. There are no college or technical schools in the immediate community.

There is a small hospital with ten beds. There is also a Health Department with a part time Health Officer, three public health nurses, one half- time social worker, and one environmental health worker. There are also two general practitioners with clinics. There's a sheriff's office, but no long term jail or prison facilities. There is an outpatient mental health service in an adjoining community. The community receives state moneys for the educational and health services that cover only basic needs.

The state has recently created a planning opportunity through the Family Planning Council. The Planning Council must be composed of 13 members who are representatives from the professional, local and state agencies, business, and the community. The task is to come up with a plan for reducing the amount of community violence including homicides, spouse and child abuse, and neglect. The plan will be partially supported by new state monies and a redistribution of existing resources.

* Developed for the Summer Institute of Public Health Practice (1995). Training for Interprofessional Collaboration (TIC) Project, University of Washington, Seattle, WA.

||Whoall Key Players Options*

Community members (5)

homeless man
single mother with 2 children under 10 years
leader of the Parent-Teacher Association
retired orchard grower
president of the local farm worker organization

Health Providers (3)

private provider
social worker from the Health Department

Educational System (3)

principal of middle school
teacher in high school
counselor

Churches (2)

young minister from Methodist Church
coordinators of social services, Catholic Church

Business Leaders (3)

president of local grape growers association
owner of local radio station
banker

Legal System (2)

sheriff
probation officer

---

* Developed for the Summer Institute of Public Health Practice (1995). Training for Interprofessional Collaboration (TIC) Project, University of Washington, Seattle, WA.

B. INTRAPERSONAL WELL-BEING

Students will understand and utilize selected elements of personal well being to enhance collaborative practice.

Students will:

1. Explain what a theory is, offer examples, and describe how one's theories affect perceptions and actions in collaborative practice.

2. Summarize the human development process, explain their own developmental stage within that process and how it relates to their own behavior in collaborative situations.

3. Carry out an assessment of personal and professional behavior and attributes.

4. Explain the necessary intrapersonal attributes and skills for collaboration, e.g., taking risks, setting realistic expectations, living with ambiguity, taking responsibility for one's own behavior, and assisting rather than being in charge.

B-1 REFLECTIVE JOURNAL

◆ **Collaboration is a complex human process and requires thoughtful analysis and synthesis.**

Learning Objectives

3B. Students will reflect on personal and professional behavior and attributes.
4B. Students will reflect on the necessary intrapersonal attributes and skills for collaboration.
C. Students will reflect on the interpersonal skills necessary for collaborative practice.
F. Students will reflect on the community socio-cultural patterns that increase the effectiveness of collaborative practice.

Activity Description

Materials: Cut and paste a prepared journal with the following questions or individual questions to be reflected on in student journals

1. Students write answers to the questions in a journal and receive responses to their comments from the instructional facilitators.

OR

2. Students respond to the questions in the journal and share reflections with a small group in the classroom.

OR

3. Students write and review their own reflections periodically. Then write a paper on their development.

Related Readings

Melaville. A.. Blank. M. & Asayesh. G. (1993)
Casto. H. M. & Julia. M. (1995). pp. 3-31; 140-154
Winer. M. & Ray. K. (1994)
Saleebey. D. (1992). pp. 3-17; 169-179
Weick. A. (1992). pp. 18-26
Cowger. C. (1992). pp. 139-147

Related Activities

This learning activity is appropriate for use with all aspects of interprofessional collaborative training and work.

*REFLECTIVE JOURNAL**

Intrapersonal

What are my beliefs and values about myself in relation to others? How do my values and thoughts impact my collaborative practice?

What are my thoughts on teaching, helping, and collaborating? How do my values and thoughts impact my practice?

Interpersonal

What are my strengths in interpersonal relations? What do I do to resolve conflicts, develop trust, and sustain motivation in myself and others?

What is my plan for personal improvement in my relationships with others?

In what ways can I incorporate and use controversy and ambiguity to improve the work that I do?

How do I help to establish the trust in myself and others that is needed to work collaboratively with colleagues and families?

What steps can I take to ensure that the needs and empowerment of the families that we work with are at the center of our collaborative practice?

What are my needs to control? Have those needs hampered my collaborative practice?

What steps can I take to improve my patterns of communication with others in the organization, the collaborative team, and in the community where I work?

Group Process Competence

What values and skills do I bring to the development and interactions of a group.?

How can I improve my personal practice? How can I help others to develop similar group processing skills?

*Developed for the Training for Interprofessional Collaboration (TIC) Project (1994). University of Washington, Seattle, WA.

Reflective Journal cont'd p. 2*

Collaborative Practice

What collaborative leadership skills do I see in myself and others?

What techniques do I use to analyze and synthesize information? What steps do I need to take to improve my skills?

What are my methods of dealing with the stages and transitions of collaborative practice?

What should I look for to determine the stage of development of the collaborative team. How will I use my knowledge of collaborative team development to strengthen the collaborative effort?

How can I ensure the success of the vision and mission of the agency/organization for which I work and the vision and mission of the collaborative team?

Organizational Expertise

What are the organizational barriers to collaboration? What do I need to do to overcome them?

What can a collaborative team do to overcome barriers to collaboration?

When I find a situation that needs a collaborative response what steps can I take to develop collaboration with my agency organization and other stakeholders?

Socio-cultural Perspective

What are the structures and relationships of power in my community system in which I am working?

What power lies in the diversity of the community and in the systems that affect the community?

In my opinion what issues of race, class, and gender most significantly impact the community system in which I am working?

---

*Developed for the Training for Interprofessional Collaboration (TIC) Project (1994). University of Washington, Seattle, WA.

Reflective Journal cont'd p. 3*

Socio-cultural Perspective cont'd

How may I use my socio-cultural knowledge and perspective for the well-being of clients?

What cultural and educational resources can be found in the community where I work?

What political resources can be found in the community where I work?

What economic resources can be found in the community where I work?

What government/organizational resources can be found in the community where I work?

What community-based individuals and organizations are actively involved in creating change in the community where I work? In what ways can I facilitate empowerment among the residents in the community?

What are the "betterment" projects that affect the community where I work? In what ways is betterment effective in improving the lives of the people in the community? In what ways might betterment projects be counter-productive?

What situations that I formerly thought of as problems or weaknesses in myself and others can I now recognize as strengths?

---

*Developed for the Training for Interprofessional Collaboration (TIC) Project (1994). University of Washington, Seattle, WA.

B-2 DEVELOPMENTALLY SPEAKING

◆ Collaborators work with many different people at different stages of human development. Familiarity with the process and stages of human change can help the collaborator to be more empathetic, understanding, and effective.

Learning Objectives

2B. Students will be able to summarize the human development process and explain their own developmental stage within that process.

2B. Students will articulate how various stages of human development may affect collaboration.

Activity Description

Materials: "Maslow's Need Hierarchy" or "Erickson's Eight Stages of Life" or "The Development Across the Adult Life Span Matrix," paper, pencils, markers
Time: 1 hour 30 minutes

1. As a class review the matrices--either one or all of them. Discuss adult human development. (20 mins.)
    - a. **What are the stages of human development according to Erickson, Maslow, and/or Steven-Long?**
    - b. **What are concrete examples of developmentally appropriate tasks or behaviors at each stage.**
    - c. **Does culture impact development?**

2. Give each student a copy of one of the matrices.

3. Using paper and pencils or markers, each student will graphically depict his or her own developmental stage. (15 mins.)

4. In small groups create a collaborative collage of developmental stages---a visual image of the collaborative team's developmental diversity. (15 mins)

5. In the same group share ideas and discuss the implications that human developmental stages may have on collaboration. (20 mins.)
    - a. **How might the interactions between people at different stages of development enrich collaboration?**
    - b. **How might the interactions between people at different stages of development hinder collaboration?**
    - c. **What might be some ways to ameliorate conflict based on developmental differences?**

6. Summarize the small group discussions for the whole class and discuss similarities and differences. (20 mins)

B-2 DEVELOPMENTALLY SPEAKING *p. 2*

Option: After the class discussion of the theories of development, each individual student may write a brief paper on his/her stage of development based on the following questions:

a. **What stage(s) of development do you think you are in?**
b. **Why does this stage seem to best exemplify your development?**
c. **How do you differ developmentally with others in your group?**

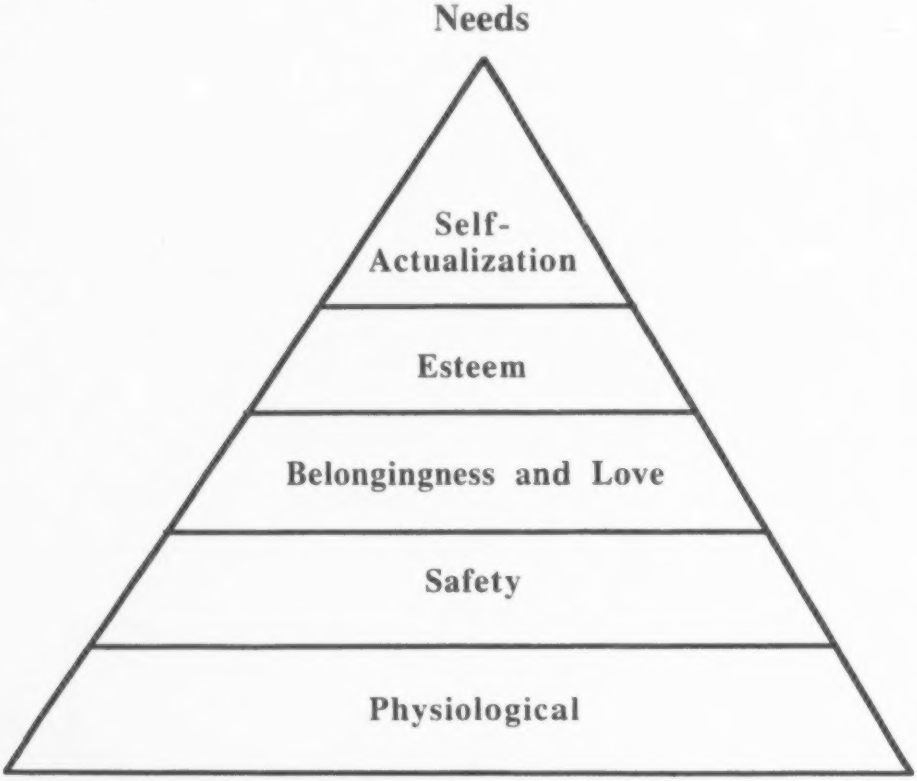
Related Reading

Stevens-Long, J . (1990), pp. 125-169.

Related Activities

A-4 Competent Collaborator **B-1** Reflective Journal **B-3** Walk Your Talk **D-9** A Healthy Vision

Maslow's Need Hierarchy*


Needs
Self-Actualization
Esteem
Belongingness and Love
Safety
Physiological

***Reprinted with permission. Stevens-Long, J. (1988). Adult Life. Palo Alto, CA: Mayfield Publishing, p. 49.**

*Erikson's Eight Stages of Life**

Conflict at Each Stage	Emerging Value	Period of Life
Basic trust versus mistrust Consistency, continuity, and comfort produce a feeling of security and predictability.	Hope	Infancy
Autonomy versus shame and doubt Parental firmness allows for the experience of demand fulfillment with limits that produce self-control.	Will	Early Childhood
Initiative versus guilt The development of the superego and cooperation with others support the growth of planning.	Purpose	Play age
Industry versus inferiority Working and learning with others produces skill and the ability in using tools, and weapons, and method, as well as feelings of self-esteem.	Competence	School-age
Identity versus role confusion The physical changes of adolescence arouse a new search form.	Fidelity	Adolescence
Intimacy versus isolation A new ability to tolerate the threat of ego loss permits the establishment of mature relationships involving the fusion and counterpointing of identity.	Love	Young Adulthood
Generativity versus stagnation The adult need to care for children and to guide the next generation produces the desire to leave something of substance as a legacy.	Care	Maturity
Integrity versus despair An accrued sense of order and meaning allows one to defend one's own life cycle as a contribution to the maintenance of the human world.	Wisdom	Old age

*Reprinted with permission. Stevens-Long, J. (1988). *Adult Life*. Palo Alto, CA: Mayfield Publishing, p. 49. Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA

Development Across the Adult Life Span* (NOTE: Dark outline indicate cells where the most research is available.)

	Young Adulthood	Middle Adulthood	Later Adulthood
Motivations	*Self-Actualized Intimacy* The need to resolve the conflict between individuation and fusion in the context of close relationships; to be intimate and self-sufficient	*Self-Actualized Generativity* The need to develop and maintain the social system and continue to individuate in the context of pressure; to be stable and responsible	*Self-Actualized Integrity* The need to accept one's past, one's life history as meaningful, and to continue to develop or individuate
Emotion	*Mature Love* The ability to identify completely with another and maintain a strong sense of self	*Responsibility* The ability to maintain a sense of self and exercise judgment in spite of personal and social disequilibrium; to exhibit both compassion and control	*Patience* The ability to tolerate conflict; to identify with opposition
Cognition	*Insight* The ability to analyze relationships within a system and to find logical solutions	*Perspective* The ability to compare relationships across systems, and to find adequate solutions	*Autonomy* The ability to see one's own role in the experience of reality; to mediate between emotions and cognition
Behavior	*Ethical/Committed* Behavior becomes ethical, driven by personal principles rather than conformity; interests deepen	*Effective/Enabling* One is able to meet one's own needs and to assist others without wasted effort; behavior becomes productive	*Reciprocity* One is able to meet one's own needs without using another person instrumentally

* Reprinted with permission. Stevens-Long, J. (1988). *Adult Life*. Palo Alto, CA: Mayfield Publishing, p.66. Training for Interprofessional Collaboration, University of Washington.

B-3 WALK YOUR TALK

◆ **Collaboration requires an understanding of your own values and a tolerance for diversity in values, ideas, needs, and visions of others.**

Learning Objectives

1B, 3B. Participants will clarify and verbalize their personal values.
2C. Participants will hear and compare diverse values.

Activity Description

Materials: "agree" and "disagree" signs; a list of values clarification statements.
Time: variable

1. The signs are placed on the floor or the wall at opposite ends of the room.

2. The facilitator reads a statement.

3. All of the participants must take a position at "agree," "disagree," or any position along the space between the two.

4. The facilitator then asks the participants why they are standing in the place they have chosen.

5. The facilitator may also ask a participant to restate another's position and comment on how they may be the same or differ.

6. After everyone has had a chance to state their opinion the facilitator goes on to the next statement.

Note: It is important that the facilitator be neutral. S/he must validate the right of participant to voice their values, whatever they might be. It is particularly important to validate the voice of the "lone wolf". It's very difficult to be out on the ledge alone.

This activity may be used to help role players about to participate in a simulation to "get into their role" or reveal their values to other simulation participants.

Related Readings

Harbaugh, G. (1994), pp. 11-21
Julia, M. (1994), pp. 43-57
Manley-Casimir, M. & Hall, M. (1994), pp. 63-77
Hooper-Briar, K. (1994), pp. 7-32

Related Activities

B-4 Remember a Time; **D-6** Values and Vision; **D-8** Sharing Visions; **E-7** Professional Fact and Fiction

BEST COPY AVAILABLE

Statements for Walk Your Talk*

1. The family knows better than anyone else what their needs may be.
2. The schools are the logical place to focus for working with children.
3. There are very few projects which merit a collaborative effort.
4. Parents are the most effective teachers of their children.
5. Institutionalization of children is better than an abusive home.
6. More prisons and police are the best deterrents for criminal behavior.
7. Cultural and racial intolerance can be changed by changing the institutions in society.
8. Individualism is a negative value in society.
9. A group working on a project is bound to be more productive than an individual working alone.
10. People with AIDS should be quarantined in a comfortable place where their needs can be met.
11. Employer mandates are a necessary aspect of universal health care coverage.
12. Universal heath care coverage should be the right of every U.S. citizen.
13. The United States government should defend its interests in the world by any means necessary.
14. Every individual can be successful in the U.S. if they work hard.
15. The needs of the society are more important than the needs of the individual.
16. Those who are willing to do good honest labor, can pull themselves up by the bootstraps.
17. Once a poor student, always a poor student.
18. Teenagers should not have babies.
19. Justice in the U.S. court system is applied the same to all.
20. The women's movement has wrecked the family structure in the U.S.
21. Most teenagers today lack self discipline.
22. Television destroys the mind.
23. Human needs are more important than environmental needs.
24. If youth commit crimes their parents should be held financially responsible.
25. Private organizations and individuals should be doing more, the government less.
26. Everyone has the right to a clean and safe place to live.
27. Kids on the street should be taken to detention facilities, or returned to their parents.
28. Welfare recipients with young children should stay home and take care of the children.

*Developed by Hanley, M. S. (1996) for the Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA.

B-4 REMEMBER A TIME

◆ **Empathy for others helps to create an acceptance of diversity for clients and professionals in the collaborative group. A source of empathy may be the recognition of your own vulnerability.**

Learning Objectives

2B, 3B. Students will identify and articulate which personal attributes and values relate to behavior in collaborative situations.
1F. Students will articulate values that relate to collaborative practice.

Activity Description

Materials: "19 Ways to Show You Care" and "24 Ways to Create a Caring Environment" paper and pencils, pens.
Time: 1 hour 15 minutes

1. Students remember a time when they alone were unable to do something that was important to them. It should be a time when a person or other people came to their assistance, helping them to be successful. (10 mins)

2. Each student writes a short story, a short play, an essay, or a poem about the situation. Using narrative, imagery, and/or dialogue describe their thoughts and feelings before, during, and after the situation was resolved. What were their feelings about themselves and the people who helped? (20 mins)
   a. How was help offered? Who helped?
   b. In what ways was the help given?
   c. Did you have to ask for the help? If you asked, how did you feel about asking for help?
   d. What was your prior relationship to the helper? What was your relationship afterwards?
   e. What was your level of self esteem after the event?

3. Students discuss their writing in small groups.
   a. What are the diverse and common issues and values?
   b. What is the relationship of the ideas and values to collaboration?
   c. How does an understanding of personal attributes and values relate to the readings? (20 mins.)

4. Review the handouts on caring (15 mins.)

Option: The writing may be done as a homework assignment and brought to class.
Note: It is important that there be some level of trust established before attempting this activity so that the participants feel comfortable with sharing.

Related Readings

Casto. M. & Julia. M. (1994). pp. 3-21
Hooper-Briar. K. & Lawson. H. (1994). pp. 7-32
Himmelman. A. (1992)
Melaville. A.. Blank. M. & Asayesh. G. (1994). pp. 5-18

Related Activities

B-3 Walk Your Talk **C-4** Wholeness Puzzle **C-7** Meet Someone Different
C-8 I Hear You

CREATING A CARING CLIMATE STARTS WITH BEING A CARING PERSON

19 WAYS TO SHOW YOU CARE*

1. **Ask others what they think—then listen to what they say.**
2. **Help people reach their potential—Support and coach rather than control and dominate.**
3. **Help people find meaning in their work.**
4. **Treat people with dignity and respect—Stress the "worth" ethic as well as the "work ethic".**
5. **Use caring language—be courteous, inclusive and professional.**
6. **Link, don't rank—Stress equality, collaboration and team work; downplay titles and status.**
7. **Share the power and the credit—Say "we" instead of "I".**
8. **Honor emotion as well as logic—Express feelings as well as ideas—Listen for feelings as well as facts.**
9. **Honor the feminine as well as the masculine aspect of your humanness.**
10. **Don't settle for just being fair, add care.**
11. **Empathize with, but don't take on, everyone's problems.**
12. **Give hugs to those who feel comfortable with them.**
13. **Take time for context and process as well as stressing action and solving the problem.**
14. **Have high standards and dare to discipline.**
15. **Be multi-minded—Balance concern for fairness with concern for the individual and concern for others.**
16. **Deal with both immediate and long range needs.**
17. **See employees as people not objects or units of production.**
18. **Emphasize the importance of relationships, connections and community.**
19. **Think of others as well as yourself.**

*** Permission for use (1996). Dr. Beverly A. Forbes, Workshop Leader Consultant, P.O Box 2131, Renton, WA 98056 (206) 255-4818.**

24 WAYS TO CREATE A CARING CLIMATE*

1. Hire and retain caring leaders.
2. Ask people what they need in order to feel like they work in a caring environment.
3. Reward caring practices and caring people.
4. Incorporate caring into mission statements, policies, curricula and every day practices.
5. Use caring language.
6. Hold caring people up as models and heroes.
7. Integrate caring symbols, ceremonies and rituals into the organizational culture.
8. Spend your time doing caring things.
9. Develop codes of caring as well as rules of conduct.
10. Put some aspect of promoting, recognizing and reinforcing caring on every agenda.
11. Prioritize caring and say no to other activities that detract from it.
12. Make caring a long term commitment, not a one year focus.
13. Do an environmental impact statement when contemplating major decisions.
14. Slow down—caring gets lost in a fast-paced, frenetic and stressed environment.
15. Honor individual differences and also human similarities.
16. Emphasize people needs as well as organizational needs.
17. Build a trusting environment based on respect and concern - not fear and control.
18. Stress collaboration, reconciliation and win-win resolutions in conflict situations.

---

*Permission for use (1996). Dr. Beverly A. Forbes, Workshop Leader Consultant, P.O Box 2131, Renton, WA 98056 (206) 255-4818.

24 WAYS TO CREATE A CARING CLIMATE* cont'd p. 2

19. Allow people to express their feelings—Encourage heart work as well as head work.
20. Encourage humor, humility and humanness.
21. Allow mistakes so people feel free to try new ways—Stamp out perfection, strive for excellence.
22. Recognize the importance of life after work—Don't become an addictive organization.
23. Acknowledge, honor and encourage people to integrate the feminine aspect of their humanness into their leadership styles and organizational practices.
24. Teach others to care, help them change—If they won't or can't change support and help them to move out of the organization and into another position and place of work.

---

*Permission for use (1996). Dr. Beverly A. Forbes, Workshop Leader Consultant, P.O Box 2131, Renton, WA 98056 (206) 255-4818.

B-5 DIVERSITY OBSERVATION

◆ **Collaboratives are made up of individuals, and individual values and styles of working impact the operation of the group.**

Learning Objectives

B3. Students will articulate and demonstrate their own values and responses to a given situation.

2b-F. Students will discuss and compare diverse values and responses of classmates to a given situation.

2b-F. Students will discuss the possible impact of diverse values and cultures on a collaborative project.

Activity Description

Materials: red, green, and blue dots; a description of an activity to be done "Diversity Observation Guide and Directions"
Time: 1 hour 15 mins.

1. Students read the activity and reflect on their own style of work preference in this situation. (10 minutes)
    a. **Do they prefer order, clear directions, and structure when solving problems? (blue)***
    b. **Do they prefer some guidelines and structure? (green)***
    c. **Do they prefer no guidelines and structure? (red)***

2. After reflection students choose the *color of dot which matches their style preference.

3. In teams of at least three, all of the same color, work together to solve the problem. (20 minutes)

4. In teams of at least three students, one or more with each color, work together to complete the activity. (20 minutes)

5. As a whole class discuss the impact of diversity on the process and product of each situation. (20 minutes)
    a. **Was there diversity in the homogeneous group?**
    b. **What were effects of diversity on the emotional and attitudes of group members?**
    c. **What did each student observe about their own reactions and feelings? What could be observed about others?**

Note: The object of this activity is to experience the complexities of diversity, not necessarily to complete the activity.

Related Readings

Johnson and Johnson. (1994) pp. 435--457
Winer, M & Ray, K. (1994) pp. 29--35

Related Activities

C-5 Positive Interdependence **C-8** I Hear You **F-4** Questions on Diversity **F-6** Cultural Observation

Activities for Discussion*

These are suggested activities that should be given to students as a vehicle for determining the diversity and complexity of collaborative work.

1. Develop a learning activity for adults that would demonstrate diversity and its effects on a collaborative effort

or

2. Create an ad campaign for empowerment vs. betterment (Himmelman, 1992)

or

3. Create a chant or slogan for the collaborative team

or

4. Write a community newsletter about a serious problem in the community.

Activity #1

Since the group with the blue dots requires structured instructions, these guidelines should be given to the students along with the instructions for the activity.

1. The learning activity should take no more than 20 minutes to implement and evaluate.

2. Highlight cultural diversity in the activity may

3. Determine the learning objective, the motivational set, the learning activity, the materials and time needed, and the process of formative and summative evaluation.

Provide the following instruction to the group with the green dots, which requires limited instructions.

1. The learning activity should take no more than 20 minutes.

2. The activity may highlight either cultural or individual diversity.

***Developed by Hanley, M. S. (1996) for the Training for Interprofessional Collaboration (TIC). University of Washington, Seattle, WA.**

Activities for Discussion* cont'd (p. 2)

Activities #2, 3, and #4

Since the group with the blue dots requires structured instructions, these guidelines should be given to the students along with the instructions for the activity.

1. **Write a statement or rationale about your advertisement, slogan, or newspaper. Include your goals and a value statement.**
2. **Create a visual and oral presentation of your work.**
3. **The presentation to the class should take no longer than 5 minutes.**
4. **All of the group members should be involved in the presentation.**

Provide the following instruction to the group with the green dots, which requires limited instructions.

1. **Determine the goals and the audience for the activity.**
2. **All of the group members should be involved in the presentation.**

***Developed by Hanley, M. S. (1996) for the Training for Interprofessional Collaboration (TIC). University of Washington, Seattle, WA.**

C. INTERPERSONAL EFFECTIVENESS

Students will articulate and demonstrate the interpersonal skills necessary to collaborative practice.

Students will:

1. Identify individual characteristics necessary for collaboration and provide examples of characteristics supportive of actual collaborative situations.

2. Demonstrate the effective use of the following communication skills used in collaboration: interpreting and responding to nonverbal cues, active listening, clarifying, sharing information, summarizing, and giving and receiving feedback, constructive controversy.

3. Demonstrate and analyze processes for validating others, developing trusting relationships, and sustaining motivation.

4. Demonstrate and analyze skills in conflict-resolution, conflict management, and negotiation.

5. a) Present a process model for personal and/or organizational change and use this model to analyze a situation in which change is sought.

   b) Demonstrate skills in facilitating change.

6. Demonstrate knowledge and skills in identifying diverse service needs of clients and appropriate service providers.

C-1 TABLE SLAM*

◆ **Conflict is an inherent part of collaboration. The ability to recognize obstructive behaviors and to develop strategies for dealing with diversity and controversy will increase the likelihood of a successful collaborative.**

Learning Objectives

2D. Students will develop leadership skills necessary for a collaborative group process.
4A. Students will recognize certain personality traits which may deter effective collaboration.
4C. Students will develop strategies for conflict resolution.

Activity Description

Materials: One simple case study (See Section III: Case Studies). One card per student in each group; Each pack will hold one "leader" card and one APT ("Annoying Personality Type") card. The other cards are OP (observer participant) cards.
Time: approximately 1 hour

Procedure

1. Students review the "Annoying Personality Types," the behaviors and solutions.
   a. What is the role of leadership in collaboration?
   b. What is the most effective form of leadership in collaboration?
   c. Do students agree or disagree with the suggested solutions?
   d. What are other possible solutions?

2. The cards are dealt, and each person looks at his/her own card. The leader identifies him/herself, but the OPs and APT do not.

3. The leader proceeds through the process of beginning the meeting by greeting the participants, reading the case study, facilitating brainstorming, etc.

4. The ATP begins (subtly at first, but with increasing tenacity) to disrupt the meeting, firmly and realistically.

5. The leader must defuse the disruption in a constructive manner. S/he may talk to the APT at the meeting or use the option of speaking "outside of the meeting." "Outside of the meeting" is done by the leader and the APT standing at the table and conversing in view of the OPs.

6. The leader must continue to try alternative approaches to communicate, motivate, accommodate, or educate the APT until any of the OPs decide that the objective of constructively diffusing the disruption has been achieved. Then they may SLAM THE TABLE, or simply say, "Job well done!"

***Note: This activity should not be chosen until after completing the activities on creative controversy(C-6) or conflict resolution (C-9, C-10)**

Table Slam *p.2*

7. Or if the leader has not diffused the situation after 5 minutes the OP's should call an end to the turn.

8. The OP's must explain why they thought the leader was or was not successful Discussion should include some possible alternatives to what was attempted.

9. The leader card is then passed clockwise to another student. The APT card is discarded, a new one is chosen at random, shuffled, and dealt along with OP cards. Play proceeds as before.

Related Readings

Eastside Child and Family Team Guide pp. 23-24
De Vault, G. & Haring, N. (1994)
Johnson, D. & Johnson, F. (1994), pp. 285-391
Winer, M. & Ray, K. (1994), pp. 76-81

Related Activities

C-6 Constructive Controversy; **C-9** Conflict Pendulum; **C-10** James Bond Collaboration

104

Annoying Personality Types*

Personality	Behavior	Solution
Melodramatic Mary	Very dramatic style of interaction, all group discussions are very emotional events in her eyes, sidetracks through asking questions about team members feelings rather than focusing on meeting needs. Brings focus on self through this emphasis. Ties the group up in talking about whether the process feels good.	Offer validation and support for feelings. Invite her to join the team activity with a clear request for an idea rather than a feeling. If necessary you may say in private during a break that you would appreciate it if her emotions were kept out of the process because the family needs are where the focus needs to be.
Blaming Bob	Usually very outgoing person who sees problems in the life of the family and seeks to define the cause, who is to blame, and then points to a team member and blames them or their system for this issue. Creates rather than resolves conflicts throughout the process.	Attempt to refocus on the task at hand through gentle interruption, pointing out that the cause of a problem seldom leads to its solution, asking him to focus on future plans with the team. It is sometimes necessary to ask for a break and request that this person participate more politely.
Minimizing Marsha	Minimizes the needs of the family, displays limited or no emotion or support for the family. As needs are identified always questions why anyone would need that. Focuses on the ways the family could have met that need in the past rather than on what could be done in the future. Focuses on secondary issues whenever possible.	Explore her resistance to identify what she believes the needs of the family are in order to assure a sense of being heard. Gently ask what would happen if no interventions were planned. If disruption continues meet with her later to help tie her perceptions to normalized expectations for youth and families in the community.
Silent Sandy	Doesn't participate in meeting and discussions. May be silently hostile about what is going on and about the suggestions made by other team members. This person may be apt to actively sabotage efforts as the team moves towards solution.	Encourage person to participate by asking what they think of solutions and suggestions. It that doesn't work, take a short break and directly ask if that person has any problems or concerns. Listen carefully and ask for a commitment to participate.
Negative Nick	Responds to each suggestion by saying it won't work or that has been tried and didn't work. Often won't let people who make suggestions finish sentences and often uses unrelated examples in illustrating why things won't work.	Feel free to gently interrupt this person as you solicit ideas from other team members. Thank this person for their ideas but ask them to give other team members a chance to participate.
Talkative Ted	Dominates meeting by explaining everything in minute detail. Examples used by this individual may or may not include things which relate to this child, family, or team meeting.	Again, politely interrupt this individual by thanking them for their suggestions and asking them to give other team members a chance to speak. If this doesn't work, take a break and directly ask the person to be quiet. Giving this person housekeeping duties such as recording comments or taking minutes may also help.
Mandate Mike	This person tends to spend most of the meeting talking about their mandated responsibilities (i.e. our school obligation is to provide a free and appropriate education; child welfare will stay involved as long as there is a protective need, etc.) These mandates are often discussed to the exclusion of the needs of the family and the child.	Acknowledge the importance of the individual's system mandates. You also might verbalize the system's mandates by saying things such as "Well, the team has identified a need for the tutor. That seems in line with the school mandate, doesn't it Mike?" You also might simply list each system's mandates on a flip chart and post it.

*Adapted from *The Eastside Child and Family Team Guide* (1993) Eastside Interagency Staffing Team, author unknown. Bellevue, WA for the *Training for Interprofessional Collaboration Resource Guide(1996)*.

C-2 A COLLABORATIVE PROJECT

◆ **Commitment to the goals of a collaborative team will be influenced by multiple factors. Leadership and membership interests, values, and work habits are just a few of the emerging issues which will shape the progress of a team.**

Learning Objectives

1A. Students will create a project which must be completed collaboratively.
1B. 3B. Students will evaluate own perspective and practice in collaboration at each step of the process.
1D. Students will practice collaborative leadership skills.
2D. Students will show skills in conflict resolution, trust building, and motivating and validating others.

Activity Description

Materials: "Your Conflict Strategies," one journal per student, pencils, paper
Time: 1 to 1 hour 30 minutes per day for 3 days

DAY ONE

1. Form small groups of no more than five students who are unfamiliar with each other. After groups are formed and before any discussion, students write the journal questions (See p. 2). **Note:** They must not mention the members of their group by name, perhaps use a pseudonym for each person. (15 minutes)

2. Students take five minutes or less to introduce themselves to each other. Give name, interests, occupation, likes, dislikes, family background, education, tell a joke, thoughts on the group, the class, collaboration, on why they are in a class on interprofessional collaboration. (30 minutes)

3. Students choose a leader arrangement for the group. (15 minutes)

4. The homework assignment is to think of a very small social or instructional activity that would be achievable in a short period of time and interesting for the group to collaborate on during classtime. **Examples:** Feed the class, decorate the classroom, organize an intercultural or interprofessional discussion panel related to a topic on the syllabus, a social event, create a learning activity, etc.

5. At the end of the discussion students take five minutes to jot down answers to the journal questions—See bottom of next page. (5 minutes)

6. Handout "Your Conflict Strategies," for students to review prior to Day Two.

DAY TWO

1. Before any discussion review your journal entries. Write down any thoughts and feelings about the process and the people in the group. Answer the journal questions. (5 minutes)

2. Leader(s) convene(s) the meetings and each person presents the idea(s) for a task/project. (15 mins)

3. The group must choose from among those ideas presented, combine ideas, or create a new one. (20 mins)

4. Motivation and validation of each other must be a concern for everyone, particularly the leader(s).

5. Students discuss the purpose of leadership at this point in the process and decide if the present leadership arrangement best fills the needs of the group. If not, the students should change the arrangement. (10 mins.)

6. Students plan the project and make any assignments that are necessary to accomplish the project. (25 mins.)

7. Students take five minutes to write their answers to the *journal questions. (5 mins.)

DAY THREE

1. Before any discussion students review their journal entries, make any comments, and answer the journal questions. (5 mins.)

2. Students review and implement the planned task/project. (30 mins)

3. Students assess the project, the leadership, the group interactions, and the collaborative process. (15 mins.)

4. Students share the project and process with the other students in class and discuss the similarities and differences between groups. (15 mins)

5. Students write down any thoughts about the days' discussions and activities, and answer the journal questions. (5 mins.)

6. At home students write a short paper on what they have learned about themselves, others, and collaboration based on the journal entries. What are their changes and transitions in thinking about collaboration, group process, and leadership in collaborative groups?

Journal Questions

1. At this particular moment what do I think and/or feel about the people in the group? Have I any impressions, stereotypes, concerns about working with them?

2. At this particular time what is my level of trust, commitment, and interest in the ideas and goals of this group? How does it affect my participation and interactions?

3. How can I or how have I contributed to the work of the group? What can I do to improve my participation?

Assessment Questions

1. **Was the process collaborative? Were some aspects more collaborative than others? Why?**
2. **Was the project successful? What was the criteria for success?**
3. **What factors contributed to the success or failure of the project?**
4. **Did collaboration help or impede the outcome of the project? Explain.**
5. **In what ways was leadership manifested?**
6. **How were the members motivated? Who were the motivators?**
7. **What communication and group process skills were used? How did these skills affect the progress of the group?**
8. **In retrospect, what changes should be made to improve the process and the product of the group?**

Related Readings

Johnson, D. W., Johnson. F. (1994). pp. 332-391
Julia, R. & Thompson, A. (1994). pp. 43-54
Gray, B. (1989). pp. 55-111
Melaville, A., Blank, M. & Asayesh, G. (1993). pp. 19-79
Winer, M. & Ray, K. (1994). pp. 21-93

Related Activities

A-4 The Competent Collaborator: **A-5** Drawing Collaboration: **B-5** Diversity Observation: **C-1** Table Slam: **C-6** Constructive Controversy: **D-2** Building a Model of Collaboration

Your Conflict Strategies*

The proverbs listed below can be thought of as descriptions of some of the different strategies for resolving conflicts. Proverbs state traditional wisdom. and these proverbs reflect traditional wisdom. and these proverbs reflect traditional wisdom for resolving conflicts. Read each of the proverbs carefully. Using the following scale. indicate how typical each proverb is of your actions in a conflict.

5 = very typical of the way I act in a conflict
4 = frequently typical of the way I act in a conflict
3 = sometimes typical of the way I act in a conflict
2 = seldom typical of the way I act in a conflict
1 = never typical of the way I act in a conflict

1. It is easier to refrain than to retreat from a quarrel.
2. If you can't make a person think as you do. make him do as you think.
3. Soft words win hard hearts.
4. You scratch my back. I'll scratch yours.
5. Come now and let us reason together.
6. When two quarrel. the person who keeps silent first is the most praiseworthy.
7. Might overcomes right.
8. Smooth words make smooth ways.
9. Better half a loaf than no bread at all.
10. Truth lies in knowledge. not in majority opinion.
11. He who fights and runs away lives to fight another day.
12. He hath conquered well that hath make his enemies flee.
13. Kill your enemies with kindness.
14. A fair exchange brings no quarrel.
15. No person has the final answer but every person has a piece to contribute.
16. Stay away from people who disagree with you.
17. Fields are won by those who believe in winning.
18. Kind words are worth much and cost little.
19. Turnabout is fair play.

---

* Permission for use 1996. Johnson. D. W. & Johnson. F. (1994). *Joining together: Group theory and group skills.* Boston: Allyn & Bacon. pp. 334–336.

Your Conflict Strategies* cont'd p. 2

20. Only the person who is willing to give up his or her monopoly on truth can ever profit from the truths that others hold.
21. Avoid quarrelsome people as they will only make your life miserable.
22. A person who will not flee will make others flee.
23. Soft words ensure harmony.
24. One gift for another makes good friends.
25. Bring your conflicts into the open and face them directly: only then will the best solution be found.
26. The best way of handling conflicts is to avoid them.
27. Put your foot down where you mean to stand.
28. Gentleness will triumph over anger.
29. Getting part of what you want is better than not getting anything at all.
30. Frankness, honesty, and trust will move mountains.
31. There is nothing so important you have to fight for it.
32. There are two kinds of people in the world, the winners and the losers.
33. When one hits you with a stone, hit him or her with a piece of cotton.
34. When both give in halfway, a fair settlement is achieved.
35. By digging and digging, the truth is discovered.

Scoring

Withdrawing	Forcing	Smoothing	Compromising	Confronting
1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.
16.	17.	18.	19.	20.
21.	22.	23.	24.	25.
26.	27.	28.	29.	30.
31.	32.	33.	34.	35.
total	total	total	total	total

The higher the total score for each conflict strategy, the more frequently you tend to use that strategy.

---

* Permission for use 1996. Johnson, D. W. & Johnson, F. (1994). *Joining together: Group theory and group skills.* Boston: Allyn & Bacon, pp. 334–336.

BEST COPY AVAILABLE

C-3 A COLLECTIVE REFLECTIVE

♦ Sometimes people look at criticism as negative rather than educative. Explore giving personal and collective comments on strengths and weaknesses.

Learning Objectives

2-4B. Students will reflect on and comment on their own abilities to work with others in a group.
2-4B. Students will reflect and comment on others' abilities to work in a group.
2C. Students will demonstrate giving constructive feedback.

Activity Description

Material: An issue on group process or product that has emerged from the work of the collaborative team.
Time: 1 hour 30 minutes

1. Review communication skills of active listening, clarifying, nonverbal cues, giving and receiving feedback, and constructive confrontation. (Johnson and Johnson, 1994. pp. 129–165).

2. Review the issue to be discussed.
Note: Process and product issues lead to substantively different discussions and should be chosen depending on the needs of the group.

3. Suggested questions for a discussion on the process.
    - **a. What is happening?**
    - **b. How is it affecting the work of the group? What would happen if we let the situation continue?**
    - **c. How is it connected to other processes and interactions in the group?**
    - **d. How can the process become more effective?**
    - **e. Who needs to be involved in the solution?**
    - **f. How will we know if we are successful?**

4. Suggested questions for a discussion on the product.
    - **a. What needs to be done?**
    - **b. What are the available resources? Which resources need to be obtained?**
    - **c. What work will be easy to do and what may be more difficult?**
    - **d. What are the time factors?**
    - **e. Who needs to do what? Do any tasks need to be shared?**

5. After the discussion each student should evaluate his/her role in the process, completing these sentences.

I worked effectively in the group by....
I can improve my work in the group by....

A Collective Reflective *p. 2*

6. Each student will also evaluate the other members of the group. by completing these sentences for each member

You are skilled at.....
I wish you would...............more.

7. Students share reflections with the other members of the group.

8. At home students write in journals their thoughts and feelings about giving and receiving feedback.

- **a. Was it helpful?**
- **b. Did you feel defensive? Why?**
- **c. Can you use the feedback from the other members of the group to improve your functioning in a group?**
- **d. Was it difficult to comment on others' abilities?**

Related Readings

Johnson. D. & Johnson. F. (1994). pp. 12-148
Eastside Child and Family Team Guide. pp. 23-24
Winer. M. & Ray. K. (1994). pp. 90-91

Related Activities

B-5 Diversity Observation: **C-1** Table Slam: **C-2** A Little Effort in Collaboration: **C-6** Constructive Controversy: **C-8** I Hear You

C-4 WHOLENESS PUZZLE

◆ **Individualism is an American value that can hinder the development and effectiveness of collaborations. Working for change collaboratively can have positive effects for many in a society, including the individual.**

Learning Objectives

4B. Students will explain the interpersonal skills necessary for collaboration.
2C. Students will demonstrate effective communication skills used in collaboration.
1F. Students will identify the impact of core American values on collaborative projects.

Activity Description

Material: Nine plastic bags containing color coded smaller bags In each small bag there are unequal numbers (2-5) of puzzle pieces. The pieces in the small bags form a word or parts of a word. The pieces in all nine bags form a sentence: "**Alone you have only one part of the puzzle.**" (*See p. 2 for other quotes)
Time: 1 hour

1. Students are divided into nine groups. Each person in the group is given a small bag of puzzle pieces. **Do not tell them what the puzzle says.**

2. Individuals try to put together the puzzle by themselves. (3 min.)

3. The group puts their pieces together to form a word. (5 min.)

4. The whole class work together to form the sentence. (@10 min.)

5. Discuss the significance of the sentence for collaboration. (20 min.)
    a. **How does individualism impact American life?**
    b. **How does individualism impact collaboration?**
    c. **What are the advantages and disadvantages of individualism?**
    d. **How does collaboration benefit the individual?**

6. Discuss the process of collaboration during the task. (20 min.)
    a. **Did they collaborate to solve the puzzle?**
    b. **How did the size of the group and the size of the task impact the process?**
    c. **What are the implications of numbers of people and the complexity of the task for collaborative work?**
    d. **Could you, as an individual, have completed the puzzle more effectively or efficiently? Explain. If yes, what can be said about the process or limitations of collaboration?**

Option: Give an individual student the same puzzle to put together at the same time the group is working. Afterwards compare thoughts and feelings about effectiveness, efficiency, individual work, collaboration, and the appropriate tasks for each.

Related Readings

Platt. L. (1994). pp. 3-10
Melaville. A.. Blank. M. & Asayesh. (1994). pp. 5-18
Winer. M. & Ray. K. (1994). pp. 45-114
Gray. B. (1989). pp. 1-94

Related Activities

A-2 Group Size Decision Making: **B-3** Walk Your Talk: **B-4** Remember a Time:
C-3 Collective Reflective: **C-5** Positive Interdependence:
D-2 Building a Model of Collaboration

* Other Possible Quotations for the Puzzle

Come now and let us reason together.

No person has the final answer, but every person has a piece to contribute.

Only the person who is willing to give up a monopoly on truth can ever profit from the truths that others hold.

There are no problems, only opportunities to be creative.

Isolation is the worst possible counselor.

A person working alone has all the power of social dust.

The people united will never be defeated.

Keep your eye on the prize.

C-5 POSITIVE INTERDEPENDENCE

◆ **Effective group work often requires a large investment of time, commitment, and attention to what you and others do in the group. To sustain motivation, group members must understand how collaboration may benefit them and their organization.**

Learning Objectives

2B. Students will demonstrate the need for interdependence in collaboration.
4B. Students will demonstrate the role of interdependence in effective group work.

Activity Description

Materials: 6 Strips of paper or cards containing the different kinds of *positive interdependence (See next page).
Time: 1 hour 30 minutes

1. Review the six types of interdependence in a group. (Johnson & Johnson, 1994, pp. 245-247) (10 mins.)

2. One student in 6 groups of at least 3 people draws a *card or paper naming one of the forms of positive interdependence.

3. In the small groups students create and rehearse a brief skit that demonstrates the type of interdependence on the card. Each skit should include a time when the group in the scene is not working because of a lack of positive interdependence. The scene should also include a time when the members recognize the need for more interdependence and change. (20 mins.)

4. Perform the scenes for the larger group. Then discuss the presentations. (60 mins.)

   a. **What are the consequences of the absence of positive interdependence in each performance?**

   b. **Suggest methods for incorporating positive interdependence in each of the settings.**

***Positive goal interdependence; positive reward interdependence; positive role interdependence; positive task interdependence; positive resource interdependence; identity interdependence**

Related Reading

Johnson and Johnson (1994), pp. 219-281; 435-458

Related Activities

C-3 Collective Reflective; **C-4** Wholeness Puzzle; **D-2** Building a Model of Collaboration; **F-1** Concerns/Visions/Action; **F-2** Images of Change

C-5 Positive Interdependence* Cards

POSITIVE GOAL INTERDEPENDENCE

Members have a mutual set of goals that all work for and all will benefit from.

POSITIVE REWARD INTERDEPENDENCE

Each member gets the same reward for successfully attaining a mutual goal.

POSITIVE ROLE INTERDEPENDENCE

Members have complementary and interconnected roles.

POSITIVE TASK INTERDEPENDENCE

The work of one member relies on the work of another member.

POSITIVE RESOURCE INTERDEPENDENCE

Each member has only a part of the resources, information, and materials.

IDENTITY INTERDEPENDENCE

The group has mutual identity through a name, flag, motto, culture, gender.

*Permission granted for use (1996). Adapted from Johnson, D. W. & Johnson, F. (1994). *Joining together: Group theory and group skills*. Boston: Allyn & Bacon, p. 246, for the Training for Interprofessional Collaboration Resource Guide.

C-6 CONSTRUCTIVE CONTROVERSY

◆ **Working with the inevitable difference of opinion in a collaborative group is a healthy and creative aspect of the process, if it is handled with the goals of the group in mind.**

Learning Objectives

4C. Demonstrate conflict resolution and negotiation skills.
2D. Demonstrate skills needed for consensus building and creative controversy.

Activity Description

Material: Handouts/transparencies: "Four Concepts of Constructive Controversy," "Guidelines for Constructive Controversy," and "Constructive Controversy Checklist;" case studies (use one of your own or one from Section III: Case Studies, i.e. King Jr. High School); paper and pencils

Time: 1 hour 30 minutes

Assignment: Before class read chapter 7, pages 285-329 in *Joining Together: Group Theory and Group Skills.*

Session One

1. Discuss the four concepts of constructive controversy: **skilled disagreement** (disagreeing with others while affirming their competence) **perspective taking** (Understanding others' ideas and feelings) **differentiation** and **integration** (get all ideas out on the table, then sift and combine for consensus.) (10 minutes)

2. In small groups the participants are given a case study to discuss and come to a recommendation about initial action, while practicing skilled disagreement, perspective taking, and differentiation and integration. (25 mins.)

3. Report the recommendations to the whole group and discuss the use of the four concepts of constructive controversy. (20 minutes)

Session Two

1. The participants should review the four concepts of constructive controversy. (5 mins.)

2. Using a transparency or handout the instructor should introduce the 12 points of the norms and rules of constructive controversy. (Johnson & Johnson, 1994, pp. 312-313) (15 mins.)

3. The same groups review another case study, while keeping the guidelines for controversy in mind. (30 mins.)

4. In the small groups the participants fill out the Constructive Controversy Checklist. Then briefly report their case analysis and thoroughly present an assessment of their process of dealing with constructive controversy.

C-6 Constructive Controversy *p.2*

Option: In **one session** review the four concepts and the guidelines for constructive controversy, then study and discuss a case study.

Related Readings

Johnson. D & Johnson. F. (1994). pp. 285-329
Winer. M. & Ray. K. (1994). pp. 71-81

Related Activities

C-1 Table Slam **C-9** Conflict Pendulum: **C-10** James Bond Collaboration

FOUR CONCEPTS OF CONSTRUCTIVE CONTROVERSY*

1. Skilled disagreement
...disagreeing with others while affirming their competence

2. perspective taking
...understanding others' ideas and feelings from their point of view

3. differentiation and (4.) *integration
...getting all ideas out on the table, then *sifting and combining for consensus

---

*Permission granted for use (1996). Adapted from Johnson, D. W. & Johnson, F. (1994). *Joining together: Group theory and group skills*. Boston: Allyn & Bacon, pp. 310-312, for the Training for Interprofessional Collaboration Resource Guide.

GUIDELINES FOR CONSTRUCTIVE CONTROVERSY*

1. Emphasize your common ground for making the best possible decision.
2. Look for opportunities to engage in controversy.
3. Prepare the best case possible for your position.
4. Advocate your position forcefully, but with an open mind.
5. Encourage others to advocate their positions forcefully.
6. Understand, then challenge opposing ideas and positions.
7. Do not take personally other members' disagreements and rejection of your ideas.
8. Ensure that there are several cycles of differentiation and integration.
9. Put yourself in others' shoes.
10. Follow the canons of rational argument.
11. Synthesize the best ideas from all viewpoints and perspectives.

*Permission granted for use (1996). Adapted from Johnson, D. W. & Johnson, F. (1994). *Joining together: Group theory and group skills*. Boston: Allyn & Bacon, pp. 310-312.

Constructive Controversy Checklist*

_____1. There were no winners or losers, only a successful, creative, and productive solution. The cooperativeness of group members outweighed by far their competitiveness.

_____2. Disagreements among members' positions were initiated.

_____3. All members actively participated in the group discussions, sharing their information, conclusions, and perspectives.

_____4. Every member's contributions were listened to, respected, and taken seriously.

_____5 Effective communication skills were used, including paraphrasing and other listening skills and "I" messages and other sending skills.

_____6. Issues and problems were viewed from all available perspectives.

_____7. Group members criticized ideas and positions, not individuals. Members disagreed with each other while confirming each other's competencies.

_____8. Group members viewed disagreement as an interesting situation from which something could be learned, not as personal rejection or a sign that they were being perceived as incompetent or ignorant.

_____9. There was appropriate pacing of differentiation and integration of members' positions. Differentiation took place first, followed by integration.

____10. Emotions were allowed and members were encouraged to express them.

____11. The rules of rational argument were followed. Members presented organized information to support their positions, reasoned logically, and changed their minds when others presented persuasive and convincing arguments and proof.

____12. The arguments of all members were given equal consideration, regardless of how much formal power a member had.

*Permission granted for use (1996). Adapted from Johnson, D. W. & Johnson, F. (1994). *Joining together: Group theory and group skills*. Boston: Allyn & Bacon, chapter 7 for the *Training for Interprofessional Collaboration Resource Guide*.

C-7 MEET SOMEONE DIFFERENT*

◆ Trust is a necessity for a successful collaborative process and is gained over a period of time. One way to develop trust is to build empathy by exploring the similarities and differences between people.

Learning Objectives

3C. Students will demonstrate and analyze processes for developing trusting relationships and sustaining motivation.

1F. Students will identify core American values and their impact on collaborative practice.

Activity Description

Material: paper and pencils
Time: 40 minutes

1. Students find someone in the room who looks different from themselves. (2 mins)

2. In pairs students talk about the following questions: (10 mins.)

   a. **Describe your family life growing up.**
   b **Who are some of the famous people that you admire?**
   d. **If you could change one of your favorite hobbies into a job, what would you choose?**
   e. **Why did you decide to choose the profession you working in or working towards?**

3. On a piece of paper the students write two columns of information. In one column they write what they have in common. In another column they write what things are different. (10 mins.)

4. In the larger group discuss (10 mins)

   a. **What are the implications of similarities and differences among people in collaborative efforts?**
   b. **How should diversity be addressed in a collaborative project?**
   c. **Do differences or commonalties have more impact on collaboration? Explain.**

5. Generate a list of additional activities a group could do to develop trust. (8 mins.)

*Adapted from Stack. P., Sunderman. C. & Tonsmeire. J. K. (1992). *Our Gathering Place: Participant Manual, p. 137.* Juneau: University of Alaska SE and Portland: Western Regional Center for Drug-Free Schools for the Training for Interprofessional Collaboration Resource Guide (1996).

Related Readings

Winer, M. & Ray, K. (1994). pp. 45-69
Johnson, D. & Johnson, F. (1994). pp. 63-127
Melaville, A., Blank, M. & Asayesh, G. (1993). pp. 35-45

Related Activities

B-3 Walk Your Talk; **B-5** Diversity Observation; **C-8** I Hear You; **D-4** Trust Building; **F-4** Questions on Diversity; **F-6** Cultural Observations

C-8 I HEAR YOU*

♦ **Good listening skills are essential to the effective functioning of any collaborative group.**

Learning Objectives

2C. Students will demonstrate the use of effective communication skills.

Activity Description

Materials: paper and pencil
Time: 40 minutes

1. Divide the participants into groups of three.

2. One person in each group takes the role of the observer (who will also keep time), another becomes the speaker, and the other takes the role of the listener. (5 mins.)

3. Each group may choose one topic from the following three to talk about or decide a topic on their own: (5 mins. each)
    a. **What is the biggest difference between children today and children when you were a child?**
    b. **Describe the most positive change you have recently seen in your community.**
    c. **Explain what you think is(are) the greatest challenge(s) facing the human species in the world today.**

4. As the speaker talks about the topic that the group has chosen, the listener practices one or two of the following "active listener" skills:
    - **attending: listening silently with full attention**
    - **non-verbal encouragement (nodding)**
    - **paraphrasing ("What I heard you say was...")**
    - **reflecting feelings ("You sound angry...")**

5. As the speaker speaks, and the listener practices active listening,. the observer watches the interaction. S/he records which active listening skills are used and how the speaker reacts to the use of the skill.

6. Switch roles until each person has had a chance to be in all three roles. Topics may be the same or different for each speaker.

7. Discussion: (20 mins.)
    a. **What did the observer see in the interactions of the speaker and the listener? Did the speaker seem encouraged to talk? Did the listener show an understanding of what was being said?**

*Adapted from Stack, P., Sunderman, C. & Tonsmeire, J. K. (1992). *Our Gathering Place: Participant Manual, p. 84*. Juneau: University of Alaska SE and Portland: Western Regional Center for Drug-Free Schools for the Training for Interprofessional Collaboration Resource Guide (1996).

124

C-8 I Hear You* *p.2*

7. Discussion cont'd
   - b. **What is the reaction to being listened to attentively?**
   - c. **How might active listening skills might help involve others in the community?**
   - d. **Consider whether any of these skills may vary depending on cultural differences among groups**

*Adapted from Stack, P., Sunderman, C. & Tonsmeire, J. K. (1992). *Our Gathering Place: Participant Manual, p. 137.* Juneau: University of Alaska SE and Portland: Western Regional Center for Drug-Free Schools for the Training for Interprofessional Collaboration Resource Guide (1996).

Related Readings

Johnson, D. & Johnson, F. (1994). pp. 129-165
Winer, M & Ray, K. (1994). pp. 90-93

Related Activities

C-3 The Collective Reflective **C-6** Constructive Controversy

C-9 THE CONFLICT PENDULUM

♦ An assessment of conflict resolution styles may help collaborative team members to address conflict in a more positive manner and to use conflict for collaborative development.

Learning Objectives

4C. Students will analyze attitudes and skills in conflict-resolution, conflict management, and negotiation.

Activity Description

Materials: Copies of ***Responses to Conflict: Self Assessment*** and ***Five Conflict Management Models;*** paper and pencils
Time: 1 hour

1. Distribute copies of the self assessment instrument to all of the participants.

2. Participants check the boxes that fit the style of conflict resolution that they most often use. Tally the A, B, and C boxes checked.

3. Participants reflect on and identify the patterns that emerge in styles of managing conflict.

   a. **Am I most often aggressive, passive, or assertive in managing conflict?**
   b. **In what situations might I react more aggressively, passively, or assertively? Why?**

4. Give out copies of *Five Conflict Management Models* and discuss.

5. Each student should write reflections in a journal about the effectiveness of his or her conflict resolution style in a particular conflict in the past and discuss/compare the conflict management models.

   a. **When past conflict was successfully resolved, what factors made resolution possible?**
   b. **When past conflict was unsuccessfully resolved, what factors hindered resolution?**
   c. **How effective would my present response to conflict be in a collaborative team?**
   d. **What aspects of my history and personality contribute to my response to conflict? What interests do I have in maintaining my attitudes towards conflict?**
   e. **If I need to change my response to conflict in order to be more effective, what steps will I take to change?**

4. In the classroom participants explain their reflections in a small group or with the collaborative team, looking especially at the relationship between the individual patterns and the work of the group.

5. Together participants develop procedures and norms that respond to the participants' style of conflict management.

6. How does this activity relate to the assigned reading?

Related Readings

Johnson, D. & Johnson, F. (1994). pp. 331-391
Winer, M. & Ray, K. (1994). pp. 76-81

Related Activities

C-1 Table Slam; **C-6** Constructive Controversy; **C-10** James Bond Collaboration

RESPONSES TO CONFLICT: Self Assessment*

A	B	C
Conflict Avoidance	**Conflict Involvement**	**Conflict Resolution**
I often repress my reactions to conflict and procrastinate to avoid any discomfort. So I often quickly support whatever proposal is available before looking at other options.	I think conflict is like a chess game. I constantly think about the moves that I will make when someone disagrees with me. Some people might say I have a chip on my shoulder, but I don't care, nobody can say that I'm afraid of anything.	I confront conflict as it arises without the need to prove my worth or superiority. I look at conflict as a way to help me and my colleagues learn and change.
Hard Position I refuse to let anybody take advantage of me, so once I've made up my mind I don't intend to change.	**Soft Position** I don't want people to think badly of me, and I don't like hostility, so I often avoid taking a position and hope others can read my thoughts or guess what I want to do.	**Flexible Position** I stand by my beliefs and ideas, but am ready and willing to listen to others and respond to their needs.
Rigid Structure I like to set the agenda and get things organized just the way I like it. That way I can be sure to keep a handle on everything; I don't like surprises.	**Loose Structure** Rules and regulations--who needs them? They stifle creativity and expression. I like to let the conversation emerge as we go along.	**Flexible Structure** I like to have some routines established that will help in solving conflicts in ways that are adaptable to the people and the situation.
Intellectual Response Feelings are messy. You never know how to control the conflict if you let your feelings become involved. I prefer to be objective and analyze the situation to resolve the conflict.	**Emotional Response** I feel very deeply---about everything---and share my deepest emotional state in every situation. I don't trust people who only think and talk about the problems. They don't really care.	**Balanced Response** I engage both my mind and my feelings when I am working through a conflict. When my intellect and emotions support each other I demonstrate commitment to my ideals and an interest in others. Conflicts become more thoroughly approached and resolved.

---

* Permission for use granted (1996). Adapted from Deutsch, M. (1992). "Typical responses to conflict," *Educational Leadership, 50*(1), (212) 678-3402 for *Training for Interprofessional Collaboration Resource Guide.*

RESPONSES TO CONFLICT: Self Assessment* (p. 2)

A	B	C
Escalating Perspective When you oppose me, you oppose everything I represent---my family, my ethnic group, my religion, and my country. Problems may seem small, but what seems small may just be the tip of the iceberg.	**Minimizing Perspective** When you come right down to it, people's problems don't really amount to much. They're just some little thing that somebody wants to pick an argument about. If everybody agrees to get along, we can get on with what we have to do. All you need is love.	**Adaptable Perspective** I try to assess the importance of a dispute based on the impact that the conflict may have on the individuals involved and on our collaborative work, as well as the possible benefits to the development of the group by addressing the issues.
Compulsively Revealing I will tell you exactly what I think whenever and wherever I feel like it. I don't believe in holding back, least of all what I think about something or somebody.	**Compulsively Concealing** I don't want to rock the boat or hurt people's feelings, so I keep my thoughts to myself.	**Appropriate Communication** I am honest and open in communicating with others, particularly in conflicts, but I also think about the consequences of what I have to say on others, on myself, and on the work of the group.

* Permission for use granted (1996). Adapted from Deutsch, M. (1992). "Typical responses to conflict," *Educational Leadership, 50*(1), (212) 678-3402 for *Training for Interprofessional Collaboration Resource Guide.*

Five Conflict Management Models*

1. **Competing**

- An individual is sometimes aggressive and uncooperative.
- The individual pursues his own concerns at the other person's expense.
- Competition is a power-oriented model, in which the individual uses whatever power seems appropriate to win position, argument, rank, economic sanctions, etc.
- This model might mean "standing up for your rights" of defending a position which s/he believes is correct.

2. **Accommodating**

- An individual is unassertive and overly cooperative
- The opposite of competing, and individual neglects his/her own concerns to satisfy the concerns of the other person.
- There is an element of self-sacrifice in this model.
- This model might take the form of selfless generosity or charity, yielding to another's point of view.

3. **Avoiding**

- The individual is unassertive and uncooperative.
- The individual does not immediately pursue his/her own concerns or those of the other person and does not address the conflict.
- The individual might take the form of diplomatically sidestepping an issue, postponing an issue until a better time, or simply withdrawing from a threatening situation

4. **Collaborating**

- The individual is both assertive and cooperative.
- This model involves an attempt to work with the other person to find some solution which fully satisfies the concerns of all of the parties involved.
- This model requires that the people involved in the situation dig into the issue to identify concerns of the various stakeholders and to find an alternative which meets the various needs of all concerned.
- Between two persons, collaboration might take the form of exploring a disagreement to learn from each other's insights and concluding to resolve some condition which would otherwise have them competing for resources.
-

5. **Compromising**

- The individual can be both assertive and cooperative.
- The objective of this model is to find some expedient, mutually acceptable solution which partially satisfies both parties.

---

* Permission for use 1996. Thomas, K. W. & Kilmann, R. (1974) *Conflict Mode Instrument*. Tuxedo Park, NY: Xicom Publishing.

C-10 JAMES BOND COLLABORATION

♦ **Flexibility, creativity, and a sense of humor will go a long way toward keeping a positive attitude in view of the ambiguity and risk taking involved in collaboration.**

Learning Objectives

2C, 4C, 2D. Participants will practice the skills necessary for creative controversy.

5C. Participants will demonstrate skills to facilitate change.

4B. Participants will identify change, uncertainty and adaptability as components of collaboration.

Activity Description

Materials: a list of roles, resources, and an explanation of the goals of the simulation.

1. Before class, students are chosen to be moles. No one knows who they are. And no one is told that there are moles in the group. The job of the mole is to subtly, yet persistently assert his or her own agenda for the meeting.

2. The class is divided into small groups of 4-6 people. One mole must be in each group.

3. Each group is given a list of roles and resources for a simulation to perform (See C-10 p.2).

4. The task of each group is to develop a vision and mission or focus statement.

5. After 20 minutes stop the simulation and introduce the moles and the objectives of the activity.

6. Students discuss the effects of change and the unknown entity on their ideas, feelings, and values, and on the collaborative process.

   a. **What were the individual and group reactions and responses to conflict? What was the outcome?**

   b. **How does ambiguity and letting go of control relate to the simulation, to the objectives of the activity, and to collaboration?**

   c. **What was the effect of conflict on the work, process, and progress of the group?**

   d. **What could be done to improve conflict resolution in the group? How can conflict be used constructively?**

   e. **What kind of leadership skills became apparent?**

Simulation suggestion

Ashton High School (urban school)
Task: Creating a Full-Service School

Roles

English teacher--20 years teaching (age-58). Thinks academic excellence is getting lost and that too much is demanded of the schools as it is. Besides, with at least 25 students in 5 classes she feels she doesn't have enough time to deal with making new changes. **(mole)**

Math Teacher--3 year teacher (age 24) very excited by the idea.

Principal--5 years as principal of the high school (age 40), the convenor. He wants to provide services to his students that can not get them otherwise. He has district and community verbal support, but no funds yet.

Social Worker--(age 35) works in the juvenile justice system with juvenile offenders who are returning to school. Has been funded to start a program of reentry and counseling

Mental Health Counselor---(age 26) represents a neighborhood mental health center for youth. Has been counseling some of the youth on site at the school.

Community Clinic Administrator---head administrator for a nearby health clinic established for low income clients. The state has funded them to serve more youth.

School nurse--(age 48) 25 years as a nurse in the schools. Comes to the school 2 days/week and feels overwhelmed. Is responsible for nursing, earthquake safety program, the CPR training program, the AIDS awareness/sexuality program, and the prenatal education program in 5 different schools. Although s/he likes the idea of a full service school, s/he doesn't know when s/he will have the time to think about it; meetings for a collaborative team are just another responsibility.

Chamber of Commerce Representative--car salesman (age 60) interested in improving the schools. Good schools mean more families. More families mean more people buying cars.

Related Readings

Gray, B. (1989), pp. 95-130
Hooper-Briar, K & Lawson, H. (1994)
Johnson, D. & Johnson, F. (1994), pp. 285-391
Dryfoos, J. (1994), pp. 1-43
Winer, M. & Ray, K. (1994), pp. 76-81

Related Activities

C-1 Table Slam; **C-6** Creative Controversy; **C-9** Conflict Pendulum

C-11 A STRENGTHS PERSPECTIVE

◆ **Empowerment begins with the recognition that while economic deficiencies and social and personal difficulties are very real, our responses to the issues and people involved are subjective and socially constructed ideas.**

Learning Objectives

6C. Students will demonstrate knowledge and skills in identifying diverse service needs of clients and appropriate service providers.

6C. Students will interpret client issues from a strengths perspective.

1F. Students will identify core values and their impact on a collaborative vision, mission, and process.

2F. Students will identify the scope of the empowerment and betterment notions of community development.

Activity Description

Materials: "Paradoxical Practice Episodes and "Ways To Re-Frame Common Beliefs and Terms"; paper and pencils or markers; case study

Time: 1 hour

1. Review "Paradoxical Practice Episodes and "Ways To Re-Frame Common Beliefs and Terms." Discuss students' questions, values, ideas, and reservations. (15 mins.)

1. In small groups students review the same case study, such as "Marylinn Bronson," (A-7 A Singular Approach) or "Connie's Script," (E-8 A Better Way) or choose one from Section III: Case Studies. (10 mins.)

2. On a piece of newsprint write three columns. (20 mins.)
    a. In one column write all of the positive aspects and resources that the client in the case study has.
    b. In another column write all of the negative attributes of the case.
    c. In the third column rephrase the negative attributes as strengths.

3. In the large group compare the findings of the small groups. (15 mins.)
    a. At first look are there more negative or positive aspects of the case?
    b. What are the participants' responses to the case viewed from the deficit perspective? What are the responses to the case viewed from the strengths perspective?

Related Readings

Himmelman, A. (1992)
Hooper-Briar & Lawson, (1994)
Saleebey, D. (1992), pp. 3-17; 169-179
Weick, A. (1992), pp. 18-26
Cowger, C. (1992), pp. 139-147
Sullivan, W. P. (1992), pp. 148-157

Related Activities

A-1 Constructing Cases; **A-3** Collaborating Effort; **D-9** A Healthy Vision; **F-4** Questions on Diversity; **F-6** Cultural Observations.

PARADOXICAL PRACTICE EPISODES*

RE-FRAME

Identify the ways in which the child's needs and problems can be seen as family and community systems issues.

RE-NAME

Identify the ways in which the child's presenting needs and problems also can be seen as signs of strength, resiliency, and adaptation.

RE-CLAIM

Identify the ways in which the child's "negative energy" can be channeled into beneficial or positive directions; in other words, determine how what was once a problem can now become the solution.

SUSTAIN

Mobilize family members, professionals and others to help launch short-term action steps and long-term supports.

Hooper-Briar, K. & Lawson, H. A. (1994).** ***Serving children, youth, and families through interprofessional collaboration and service integration: A framework for action. **Oxford: The Danforth Foundation and The Institute for Educational Renewal at Miami University.**

WAYS TO RE-FRAME COMMON BELIEFS AND TERMS*

Common Beliefs /Terms	**Re-Framing**
Child runs away a lot.	**Child has survival skills**
Family is crisis-oriented	**Family is adaptable**
Family resists assistance	**Family is a wise service shopper**
Child has a negative peer group	**Child makes friends**
Child has low self-esteem	**Child reads external cues**
Child doesn't stay on task	**Child is curious, creative**
Family is dysfunctional	**Family is overwhelmed and under-supported**
Child was ejected from prior programs	**Child is quite adaptable**
Child is unable to establish relationships	**Child is self-reliant, a good judge of character**
The family is over-empowered	**Family is a good advocate and skilled at getting its needs and interests met**
Child won't take responsibility	**Child is on schedule and wants to be a child**
Family doesn't follow through with services	**Family is self-sufficient**
Parents don't establish and maintain boundaries	**Parents love their child**
Family is isolated and disconnected	**Family has just moved**

Adapted from *The Eastside Child and Family Team Guide* (1993) Eastside Interagency Staffing Team, Author unknown. Bellevue, WA for the *Training for Interprofessional Collaboration Resource Guide (1996).

D. GROUP PROCESS COMPETENCE

Students will describe, analyze, and demonstrate the group process skills necessary to collaborative practice.

Students will:

1. Demonstrate leadership of collaborative task-oriented meetings, e.g. set agenda, develop common vision and mutual concerns, clarify language, set ground rules, identify barriers, identify and assign tasks, develop methods for exchanging information and maintaining accountability, and utilize team building skills.

2. Describe and apply skills critical for an effective collaborative group process including motivating participants, absorbing new members, leveling participants, recognizing resources of participants, creative controversy, and achieving consensus.

3. Explain a collaborative group process model and how it differs from other group process models, including strengths and limitations.

D-1 COLLABORATION AND GROUP PROCESS

♦ Like any group, every collaborative team goes through a developmental process or phases. Being aware of these phases helps group members plan for some of the difficulties and high points of group work.

Learning Objectives

5B. Students will identify the developmental stages of collaborative practice.
3C. Students will identify the developmental stages of a group process.

Activity Description

Materials: "Phases of Team Development." pens. colored markers. newsprint
Time: 40 minutes

1. Students work in pairs or small groups.

2. When given "Phases of Team Development." students find an analogy and create a graphic comparison of the stages of collaborative practice in *The Collaborative Handbook* with the stages of group process. (15 mins.)

3. Students will present their schema to the whole class. Compare ideas and representations. (15 mins.)

4. Students suggest what stage of group and/or collaborative development that the class or their collaborative team has reached and explain their rationale. (10 mins.)

Related Readings

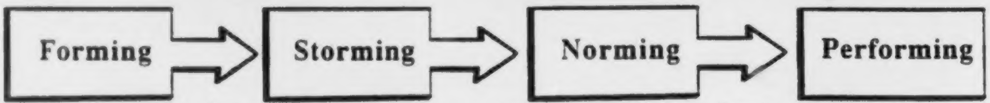
Winer. M. & Ray. K. (1994). pp. 30-41
Melaville. A. Blank. M. & Asayesh. G. (1993). pp. 19-92 (esp. 19-21)
Zenger. J. (1994)

Related Activities

A-3 Collaborating Effort: **A-5** Drawing Collaboration: **C-5** Working the Group:
D-2 Building a Model of Collaboration: **D-6** Values and Visions

Team Basics

Four Phases of Team Development



Like a growing child, a growing team has different needs at different times. And trust, always vital, takes different forms to meet those changing needs. You've probably experienced the strong emotions people feel during any major organizational change. Anticipation, anger, acceptance, and renewed self-confidence – roughly in that order – affect both the individual and the team as a whole. Understanding the phases that a growing team goes through can help you and your team members weather the confusion that comes with any serious change.

Forming

In the first stage of team development, team members want to know, "What is expected of me? How do I fit in? What are we supposed to do? What are the rules?" Anxiety quickly follows the initial excitement. But no one feels secure enough to be "real," so you probably won't see much open conflict. At this time, you'll need to help the team develop operating guidelines or "ground rules," that regulate how you and the team interact.

Storming

During the second phase, enthusiasm usually gives way to frustration and anger. Team members struggle to find ways to work together, and everything seems awkward. You'll see mindless resistance, wrangling, hostile subgroups, jealousies, and general disgust with the whole transition to teams. Ground rules may splinter like trees in a cyclone. "It takes everything you've got just to keep plugging," says an area manager at a Southwestern oil refinery. "You'll be a player, coach, referee, fan, and weenie vendor all at once."

Norming

Gradually, the team gains its balance and enters the tranquil "norming" phase. People find standard ways to do routine things, and they drop the power plays and grandstanding. The main danger now is that team members hold back their good ideas for fear of further conflict. Your job is to help the team blow through their reticence—usually by increasing their responsibility and authority.

Performing

In this fourth and final phase the team goes about its business with smooth self-confidence. By now, people have learned to disagree constructively, take measure risks, make adjustments and trade-offs, and apply their full energy to a variety of challenges. It's important to note that reaching the performing phase doesn't mean smooth sailing forevermore. A team can experience a stormy period at any time – when it's under pressure, for example. The team can also return to its forming phase if it adds or loses members. If your team begins to recycle through earlier phases, you again may need to take an active role in helping the team find its balance and settle down to business.

Leading Teams, John H. Zenger, et al. Business One Irwin, 1818 Ridge Rd., Homewood, IL 60430

***Adapted from Tuckman, B.W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63(6), pp. 384-399.**

BEST COPY AVAILABLE

D-2 BUILDING A MODEL OF COLLABORATION

◆ **Very complex interactions are involved in a collaborative effort. Group process and communication skills are essential for success.**

Learning Objectives

1A Define interprofessional collaboration.
4B Explain the necessary attributes and skills for collaboration.
2C Demonstrate the effective use of communication skills used in collaboration.
3C Demonstrate and analyze processes for validating others, developing trusting relationships, and sustaining motivation.
2D Demonstrate and apply skills critical for effective group processes.

Activity Description

Materials: Newsprint, colored markers, containers with various pieces of construction materials--legos, modeling clay, paper, pipe cleaners, etc.

1. Give each participant a container of building materials. Load each container with materials so that every person has "the corner" on one particular kind of resource. Load ONE container on the table with very attractive resources and label it: Unavailable for use: Stakeholder Not At the Table.

2. In small groups, using the provided materials, the participants build a model of interprofessional collaboration. Use the newsprint to explain the ideas behind the model. (20 minutes)

3. Each group reports to the whole group about the model (10 minutes)

4. Discussion Part I and Part II

QUESTIONS PART I—To synthesize the definitions of interprofessional collaboration (30 minutes)

- What common characteristics of interprofessional collaboration do we find across the groups and models?
- What do we all agree should be included in our list of attributes necessary for collaboration? (Compare with text)

QUESTIONS PART II—Focus on collaborative group process (30 Minutes)

- What were the stages/steps you went through?
- Was your action collaborative? Why or why not?
- How was the structure decided on? Who made the decisions? Who did the building? What roles did each person play?

QUESTIONS PART II cont'd

- In what ways was this simulation like real life situations you have been in? How was it different? How were the differences in the group dealt with?

Related Readings

Winer, M. & Ray, K. (1994). pp. 21-41 (esp. 21-30)
Melaville, A., Blank, M. & Asayesh, G. (1993) pp. 5-33
Johnson, D. & Johnson, F. (1994). pp. 501-539; 219-329

Related Activities

A-2 Group Size Decision Making; **C-2** A Little Effort in Collaboration;
C-3 Collective Reflective; **C-4** Wholeness Puzzle; **C-5** Working the Group;
C-6 Constructive Controversy; **C-7** Meet Someone Different;
C-9 Conflict Pendulum; **F-4** Questions on Diversity

D-3 STAKEHOLDER MIX-UP

- **Collaboration requires creativity, flexibility, and tolerance for ambiguity.**

Learning Objectives

4C. Participants will reflect on verbalize the effects of uncertainty and constant change on their attitudes toward collaboration.

5C. Participants will reflect on and verbalize the effects of uncertainty and change on the process and product of collaboration.

5C. 4C. Learners will identify a process for incorporating new people and new resources into the group.

Activity Description

Material: case studies (See Section III: Case Studies). Where to Turn Plus.* or a list of community agencies/organizations and organizational personnel: Overheads/ handouts: "Coping with Change," "Creative Problem Solving (CPS)" and "Blocks to Creative Thinking." (**Note**: overheads/handouts may be discussed before OR after the exercise)

Time: 1 hour 15 minutes

1. Students are divided into groups of 4-6 participants.

2. Each member in the group gets a role, resources related to the role, and/or an agency to represent.

3. Members in the group count off by one's or pick a number out of a hat.

4. At irregular intervals a number is picked from a box and called. The students in each group who have that number must move to another group, taking their resources with them.

5. Also periodically, policies and resources are changed for everyone.
   E.g. The School Bond Levy fails, or the legislature cuts back funding for schools. A Federal program has provided money for law enforcement, youth, drug, and violence programs, or Medicare and Medicaid funds are greatly reduced, or block grants for neighborhood development have been approved by the city council.

6. Students discuss the process in the whole class.
   a. How does the addition or reduction of personnel and resources affect the group process, interactions, and project outcome?
   b. Compare this simulation to familiar real community/organizational experiences. How have these situations been dealt with in the past?

*This is a list of Washington State's social services agencies only (See Resource Center (1995) in Reference Section of this guide).

c. What methods have students used in the past that might be effective in minimizing the negative impacts of change?

d. How might change be seen as an agent for growth in collaborative situations?

Related Readings

Winer, M. & Ray, K. (1994). pp. 95-114; 167-168
Johnson, D. & Johnson, F.(1994). pp. 3-27

Related Activities

A-2 Group Size Decision Making; A-3 A Collaborating Effort; A-5 Drawing Collaboration; C-3 Collective Reflective; C-5 Positive Interdependence

142

COPING WITH CHANGE*

One beneficial approach...

- q **understand the process of change**
- q **locate yourself in the change process**
- q **influence changeable factors**
- q **minimize power of unchangeable**

*** Author unknown.**

CREATIVE PROBLEM SOLVING* (CPS)

MESS-FINDING

FACT-FINDING

PROBLEM-FINDING

IDEA-FINDING

SOLUTION-FINDING

ACCEPTANCE-FINDING

---

* Isaksen, S. G. & Treffinger, D. J. (1985). *Creative problem solving: The basic course.* Buffalo, NY: Bearly Limited.

CREATIVE PROBLEM SOLVING* (CPS)

MESS-FINDING

Decide that something is a challenge and should be done better.

FACT-FINDING

Collect and list data. Sort, organize, and review facts.

PROBLEM-FINDING

Identify a bite-size problem.
State it: "IWWMW" (In What Way Might We?)

IDEA-FINDING

Brainstorm. Defer judgment. List ideas.

SOLUTION-FINDING

Identify most promising solution or a combination of solutions. Use criteria to judge ideas.

ACCEPTANCE-FINDING

Create and implement a step-by-step action plan of the most promising solutions.

---

* **Isaksen, S. G. & Treffinger, D. J. (1985). *Creative problem solving: The basic course.* Buffalo, NY: Bearly Limited.**

CREATIVE PROBLEM SOLVING* (CPS)

MESS-FINDING

Decide that something is a challenge and should be done better.

---

* Isaksen, S. G. & Treffinger, D. J. (1985). *Creative problem solving: The basic course.* Buffalo, NY: Bearly Limited.

FACT-FINDING*

Collect and list data.

Sort, organize, and review facts.

*** Isaksen, S. G. & Treffinger, D. J. (1985). *Creative problem solving: The basic course.* Buffalo, NY: Bearly Limited.**

PROBLEM-FINDING*

Identify a bite-sized problem.

State it: "IWWMW" (In What Way Might We?)

*** Isaksen, S. G. & Treffinger, D. J. (1985).** ***Creative problem solving: The basic course.*** **Buffalo, NY: Bearly Limited.**

IDEA-FINDING*

Brainstorm.

Defer judgment.

List ideas.

---

* **Isaksen, S. G. & Treffinger, D. J. (1985).** ***Creative problem solving: The basic course.*** **Buffalo, NY: Bearly Limited.**

SOLUTION-FINDING*

Identify most promising solution or a combination of solutions.

Use criteria to judge ideas.

*** Isaksen, S. G. & Treffinger, D. J. (1985). *Creative problem solving: The basic course.* Buffalo, NY: Bearly Limited.**

ACCEPTANCE-FINDING*

Create and implement a step-by-step action plan of the most promising solutions.

---

* **Isaksen, S. G. & Treffinger, D. J. (1985).** ***Creative problem solving: The basic course.*** **Buffalo, NY: Bearly Limited.**

Blocks to Creative Thinking

These problem-solving blocks deal with thinking activities which impact the attainment of new and useful solutions to problems.

1. ***Solution Fixedness--***Quick fix mentality. May cause team members to "grab and use the first idea rather than developing a pool of alternatives to choose from."

2. ***Premature Judgments--***Associated with an inability to suspend judgment and an inordinate emphasis on judgment over generation of ideas...illustrated by the individual who must have only ideas that are concrete, practical, and in finished form.

3. ***Habit Transfer--***"We've always done it this way." A mental set which perceives strategies that have been successful as useful for new or different situations, and which precludes more effective strategies.

4. ***Use of Poor Approaches--***Working with inadequate, incorrect, or insufficient information lead to unproductive problem-solving.

5. ***Lack of Disciplined Effort--***"Certain aspects of this process may be fun, but is not for fun." When people work on meaningful changes they often discover that creative problem solving is not easy.

6. ***Poor Language Skill--***When the language used for problem-solving is inadequate or inappropriate, the process is likely to be inefficient. Talking *theory* when a practical approach is called for, or vise versa.

7. ***Rigidity--***This refers to an inability to switch from one problem-solving approach to another in order to maintain flexibility and generate a variety of strategies and techniques.

*** Author unknown. Permission for use (1996). DeVault, G. & Haring, N. G. (1994). *Collaborative Teaming: Training Manual.* University of Washington, Seattle, WA.**

D-4 TRUST BUILDING

◆ **Trust is absolutely necessary when working in collaborative groups. Sharing your self interests helps to get issues out in the open and enables everyone to understand your position.**

Learning Objectives

1C. Students will identify individual characteristics necessary for collaboration.
3C. Students will demonstrate processes for validating and motivating others, and building trust.
2D. Students will demonstrate skills critical for collaborative group processes.

Activity Description

Materials: paper, pencils
Time: 5-10 minutes/per person

1. Quick write—The participants individually write down what they hope to gain personally and professionally by working in a collaborative group. Also include what their organizations, groups, or institutions will gain. Be thorough and specific. (10 mins.)

2. Round robin—In small or large groups students explain their interests.

3. After the individual presentation everyone in the small group is welcome to ask questions for clarification.

4. In the large group discuss what are the similarities and differences in interests.

Related Readings

Johnson, D. & Johnson, F.(1994). pp. 63-127
Winer, M. & Ray, K. (1994). pp. 45-69

Related Activities

C-7 Meet Someone Different; **C-8** I Hear You; **B-3** Walk Your Talk

D-5 VISIONING FOR A COLLABORATIVE PROJECT

◆ **Collaboration begins with a shared vision. When people are involved in the creation of the vision, they are more likely to invest their resources and their commitment.**

Learning Objectives

1D. Students will develop a shared vision on which to collaborate.
2B. Students will reflect on personal visions and values.

Activity Description

Materials: colored pens, large sheets of paper, glue sticks, magazine pictures, and scissors
Time: 30 minutes

1. **Quick Write**—Brainstorming by yourself for 3 to 4 minutes. Envision your ideal community. Dream big!

2. **Pair/Share**—Turn to the person seated next to you and talk about your vision. Synthesize your ideas. (7 minutes)

3. **Pair/Share 2**—Each pair link up with another pair. Repeat process in groups of 4. Synthesize your ideas. Groups of 30 pair/share again. (7 minutes)

4. **Group Share**—Group of 4-6 create a picture of the group's vision. Use the markers, pictures, paper, and glue. (10 minutes)

5. **Picture Display**—Each group displays the picture and describes it to the whole group. Combine pictures into a synthesized vision for the whole group. (15 minutes)

Related Readings

Winer, M. & Ray, K. (1994). pp. 60-64; p.151
Chang, H. et al., (1993). Section 3. pp. 1-3
Melaville, A., Blank, J., & Asayesh, G. (1993). pp. 5-33
Himmelman, A. (1992)
McKnight, J. (1990)

Related Activities

A-2 Group Size Decision Making; **D-4** Trust Building; **D-8** Sharing Visions; **D-9** A Healthy Vision; **F-1** Concerns/Visions/Action; **F-2** Vision into Action; **F-3** Images of Change

D-6 VALUES AND VISION (Visioning Part II)

◆ **Our visions for a better community are highly influenced by our values. Consequently, in order to come to a collaborative agreement on a vision it helps to identify the values at the base of our dreams.**

Learning Objectives

1F. Students will identify core American values and their impact on collaborative practice.

Activity Description

Materials: paper and pencils
Time: 30 minutes

1. Students are divided in the same small groups that were formed to create a vision statement. (See **D-5 Visioning**)

2. Review the vision statement created by the small group.

3. List up to six points or characteristics of the vision, e.g. (characteristics) profamily, based on community empowerment, comprehensive, or (points). All children deserve to be safe, etc.

4. List the values that underlie the points or characteristics of the vision. (These may be uncovered by considering the assumptions of the vision's author(s).
   a. How will the vision and its values affect the lives of people in communities?
   b. How might the visions change the way the participants plan to work with families in the future?
   c Was there anyone in the group whose values were different than those that underlie the vision statement? What can be done to accommodate value differences in a collaborative process?

6. In the larger class compare the differences and similarities in the visions, values, and impacts of the visions developed in the small groups.

***Adapted from Stack, P., Sunderman, C. & Tonsmeire, J. K. (1992).*Our Gathering Place: Participant Manual, p. 70–72.* Juneau: University of Alaska SE and Portland: Western Regional Center for Drug-Free Schools for the Training for Interprofessional Collaboration Resource Guide (1996).**

Related Readings

Melaville, A., Blank, J., & Asayesh, G. (1993), pp. 5-21: 35-45
Winer, M & Ray, K. (1994), pp. 60-69
Hooper-Briar, K. & Lawson, H. (1994), pp. 13-52
Himmelman, A. (1992)
McKnight, J.

Related Activities:

B-3 Walk Your Talk: **B-4** Remember a Time: C-3 The Collective Reflective: **D-8** Sharing Visions: **F-1** Concerns/Visions/Action: **F-2** Vision Into Action: **F-3** Images of Change

D-7 VISIONS AND MISSIONS

◆ **A vision is the dream of what we want to have, a mission is a more focused and distilled notion of the purpose of the collaborative. Collaboration is a process that requires different procedures at different stages of development.**

Learning Objectives

4D. Participants will describe stages of the collaborative group process model.

Activity Description

Materials: Overhead: "Relationship Among Vision, Mission(s) and Competent Practice(s)," paper and pencils

Time: variable

WHOLE GROUP DISCUSSION (10-20 minutes)

1. What are the stages of development of a collaborative process?
    a. **What are the factors that stimulate the movement from one stage of development to another?**
    d. **What might be factors that could retard the development of a collaborative group?**

2. Explore the degree of difference between a vision and a mission.
    a. **Link the differences between a vision and a mission to the developmental needs of the collaborative.**
    b. **Explain any possible consequences to a mismatch of task and the stage of development.**

GROUP ACTIVITY (20-40 mins.)

3. In small groups describe a community as it exists. Brainstorm its strengths and needs.

4. Students brainstorm a vision for the community.

5. In view of the vision of the group students write a mission or focus statement.

6. Is there any difference in the process of writing a vision or mission statement?

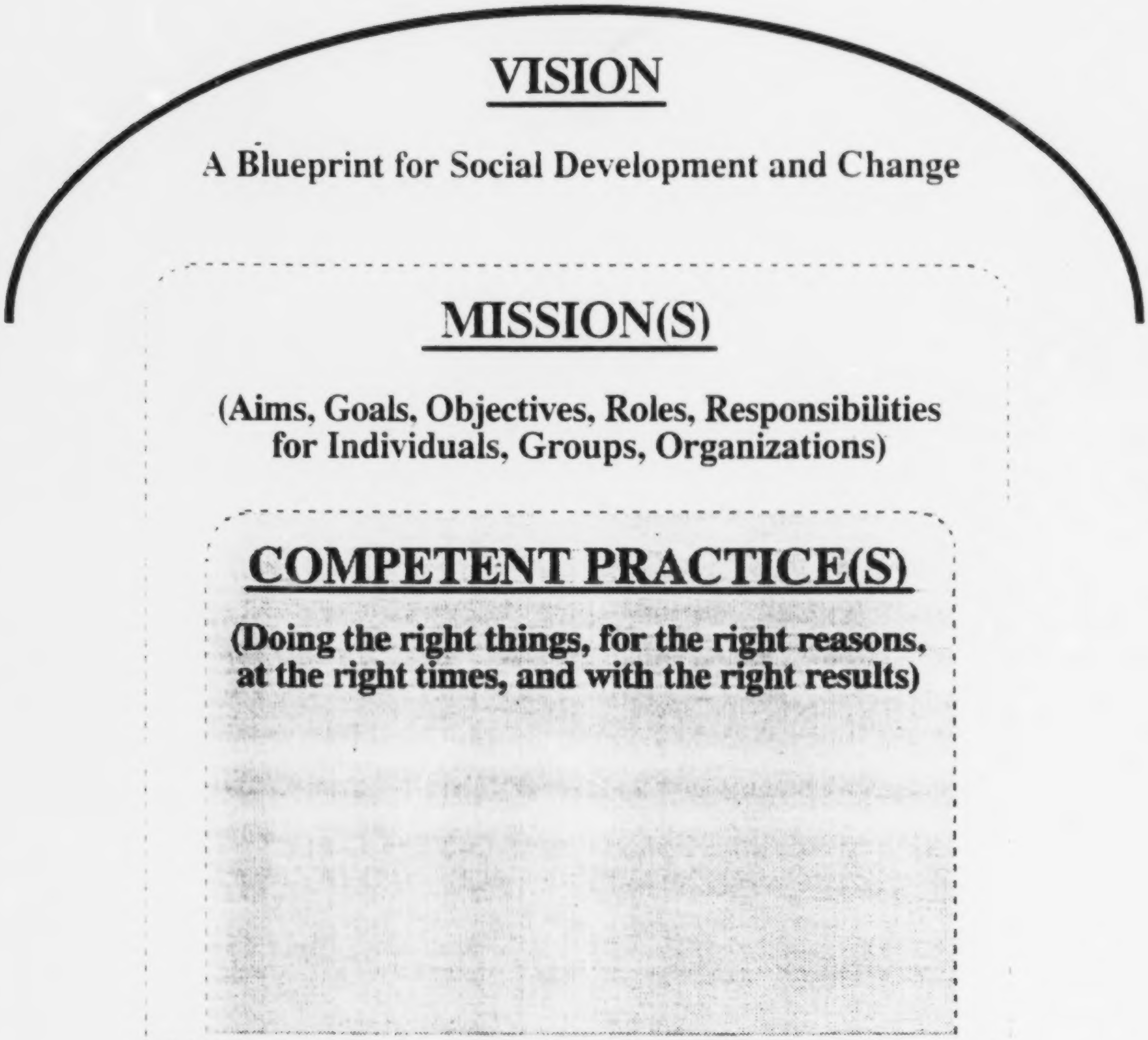
Related Readings

Lawson, H. (1994), 62-70
Lawson, H. & Hooper-Briar, K. (1994), pp. 35-39
Winer, M. & Ray, K. (1994), pp. 60-64

Related Activities:

D-1 Collaboration and Group Process; **D-9** A Healthy Vision;
F-1 Concerns/Visions/Action; **F-2** Vision into Action; **V-3** Images of Change

The Relationship Among Vision, Mission(s) and Competent Practice(s)*



VISION

A Blueprint for Social Development and Change

MISSION(S)

(Aims, Goals, Objectives, Roles, Responsibilities for Individuals, Groups, Organizations)

COMPETENT PRACTICE(S)

(Doing the right things, for the right reasons, at the right times, and with the right results)

* Permission for use. Lawson, H. (1994). *Toward healthy learners, schools and communities.* Journal of Teacher Education, 45(1), pp. 62–70.

D-8 SHARING VISIONS

- **Collaboration requires a shared vision that is supported by common values.**

Learning Objectives

1D. Participants will identify the need for a vision in a collaborative process and create a shared vision of community.

1E. Participants will identify core American values and their impact on collaborative practice.

Activity Description

Materials: Overhead/handout: "Deciding Upon a Guiding Vision," paper and pencils, art materials

Time: 1 hour

WHOLE GROUP DISCUSSION (15 mins.)

a. What is your definition of a vision in a collaborative project?
b. Do you see a difference between a goal and a vision? Explain.
c. Why is a vision necessary for a collaborative process?
d. Define "values." What is the relationship of values to a vision?

GROUP ACTIVITY (45 mins.)

2. In a small group collaboratively create a collage that is a vision of a healthy community.

3. Present your collective vision with the whole class. Discuss the common and divergent values that emerge from the visions.

a. How are the visions similar? How are they different?
b. Which common values emerge? Which values are core American values?
c. Are any of the visions or values related to issues of race, class, or gender?
d. Are there core American values not represented in the discussion? How would they impact or change the visions?

4. In what ways do the assigned readings relate to the issues of values and the task of developing collaborative visions?

Related Readings

Harbaugh, G. (1994), pp. 11-21
Himmelman, A. (1994)
Hooper-Briar, K. & Lawson, H. (1994), pp. 14-28

Related Activities

B-3 Walk Your Talk; **B-4** Remember a Time;
C-4 Wholeness Puzzle; **D-5** Visioning for a Collaborative Project; **D-7** Visions and Missions; **D-9** A Healthy Vision; **F-1** Concerns/Visions/Action; **F-2** Vision into Action; **F-3** Images of Change

BEST COPY AVAILABLE

Deciding Upon a Guiding Vision: A Blueprint for Social Development and Change*

1. **What outcomes and conditions need to be changed? (Or, what needs to be different or better?)**

- **Why should we change?**
- **What relationships exist among these outcomes and conditions?**

2. **How will needed change occur?**

- **What is the "theory of change," i.e., the causal linkages and assumptions that form the foundation for the intervention strategy?**
- **What are the *necessary conditions* for this strategy (e.g., prerequisites, co-requisites)?**
- **Who will initiate the design and implementation? Who will lead this work?**
- **What are the known constraints and barriers, and how will they be overcome or bypassed?**
- **What are the known facilitators, and how can they be maximized?**

---

* Lawson, H. A. & Hooper-Briar, K. (1994). *Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration.* Oxford: The Danforth Foundation and The Institute for Educational Renewal at Miami University.

Deciding Upon a Guiding Vision* cont'd p. 2

3. **How would we know if we are "getting it right" and "doing good?" (Or, how would we know whether we are on the paths to, or achieving, success?)**

- **What are the key benchmarks and guideposts in our change journey?**
- **What criteria will be used to measure success as well as shortcomings?**
- **What methodologies will be appropriate and who will design and implement them?**
- **How will information be managed and by whom?**

4. **What allowances have been made for "in flight adjustments" and continuing renewal?**

---

* Lawson, H. A. & Hooper-Briar, K. (1994). *Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration.* Oxford: The Danforth Foundation and The Institute for Educational Renewal at Miami University.

160

D-9 A HEALTHY VISION

♦ A vision of a healthy life is at the base of the outlook of the helping professions. A clarification of the concept and aspects of health can clarify values and a collaborative vision.

Learning Objectives

6C. Students will demonstrate knowledge and skills in identifying diverse service needs of clients and appropriate service providers.

1F. Students will identify core values and their impact on a collaborative vision, mission, and process.

Activity Description

Materials: paper and pencils or markers
Time: 30 minutes to an hour

1. Each of 6 small groups brainstorms a healthy, happy, and fruitful life for one of the following: 1) a child, 2) an adolescent, 3) an adult, 4) a senior, 5) a family, or 6) a community.

2. In the whole group discuss the visions.

    a. **What are the common threads of values implicit among the visions?**
    b. **What issues change depending on the stage of human development?**
    c. **In what ways are the issues of the individual, the family, and the community connected?**
    d. **What supports are necessary to create the healthy and happy state of being?**

3. Synthesize the visions to create a vision for a healthy society.

Related Readings

Gray, B. (1989), pp. 95-111
Hooper-Briar, K. & Lawson, H. (1994), pp. 33-52
Knowlton, R. & Tetelman, E. (1994), pp. 103-114
Melaville, A., Blank, J., & Asayesh, G. (1993) pp. 1-18; 47-65
Himmelman, A. (1992)
McKnight, J. (1990)
Sullivan, W.P. (1992), pp. 148-157

Related Activities

B-2 Developmentally Speaking; **B-3** Walk Your Talk;
D-6 Values and Vision; **D-7** Visions and Missions; **F-1** Concerns/Visions/Action;
F-2 Vision into Action; **F-3** Images of Change

E. ORGANIZATIONAL EXPERTISE

Students will describe, identify, and demonstrate the use of selected organizational elements to support collaborative interprofessional practices.

Students will:

1. Articulate the organizational missions, structure, services, and language of all collaborating agencies in their site and explain consequences if specific services are lacking.

2. Identify necessary communication processes and decision-makers within collaborating organizations in order to sustain collaborative efforts.

3. Identify common organizational barriers to collaboration, use problem solving processes based on organizational and personal strengths to reduce the impact of the barriers, and describe process for institutionalizing creative solutions to barriers.

4. Identify potentially opposing organizational responses and practices that avoid institutional retrenchment to such responses.

5. a) Demonstrate a strategy for completing a network analysis, and

   b) Use interpersonal and group process skills to develop and sustain necessary networks.

6 Identify alternative degrees of precision in organizational rule interpretation and demonstrate ability to assess appropriate level of precision required in a given interprofessional collaborative situation.

E-1 CODES OF ETHICS

◆ Service professions share common purposes and values that can strengthen a collaborative effort. Differences may also slow the process. Part of the process of interprofessional collaboration is to recognize strengths that enhance and overcome professional obstacles that impede the success of a collaborative effort with child/ family/community.

Learning Objectives

2A. Students will identify key ethical and legal issues arising from collaboration and explain the implications.

1E. 1F. Students will identify core professional values and their impact on collaborative practice.

3E. Students will identify common organizational and professional barriers to collaboration, use problem solving processes to reduce the impact of the barriers, and describe a process for institutionalizing creative solutions to barriers.

Activity Description

Materials: Codes of ethics for medicine, nursing, social work, city management, and education to be read before class OR gather your own codes. (See Casto & Julia, 1994 pp. 138–154, for other codes not included in this guide): *Competencies for Interprofessional Collaboration Analysis Tool* (CICAT). (**Note:** Codes should represent participants' disciplines in the group whenever possible).

Time: 1 hour

1. Divide the class into small groups of three or four people.
2. Give each group a copy of two of the codes of ethics.
3. Have a small group discussion on the following questions:
   a. **What are the common threads of ideas or values that the codes share?**
   b. **How are the codes different?**
   c. **What aspects of the codes support or hinder the success of collaborative practice? Which differences have a neutral effect on collaborative practice?**
   d. **In what ways might constructive controversy be an effective way to deal with the ethical differences between professions?**
4. Each small group presents the highlights of the codes they discussed and the results of the comparisons to the class.

Other Options:

1. Discuss the relationships between elements of the codes and the ways the professions and organizations in the service professions might have historically evolved. What events or relationships might have informed and influenced the different points in the codes of ethics?

2. Develop a code of ethics for interprofessional collaboration that combines the essential qualities of each of the codes.

E-1 Codes of Ethics *p.2*

Other Options cont'd:

3. In small interprofessional groups participants represent their own profession's code of ethics.

4. **Writing Assignment**—Distribute the *Competencies for Interprofessional Collaboration Analysis Tool* (CICAT). Have participants use the tool to analyze written documents associated with their disciplines as an out-of-class assignment. Have participants discuss in subsequent class or small groups whether collaborative competencies are present.

Related Readings

Harbaugh, G. (1994), pp. 11-21
Casto, M. (1994), pp. 139-154
Joining Forces. American Public Welfare Association, et al. (1992)
Manley-Casimir, M. & Hall, M. (1994), pp. 63-77

Related Activities

A-4 The Competent Collaborator; **E-3** Voices of Our Own Profession;
E-4 On Confidentiality; **E-5** Getting To Know You; **E-6** Stakeholder's Market;
E-7 Professional Fact or Fiction

CODE OF ETHICS OF THE EDUCATION PROFESSION, ADOPTED BY THE 1975 NEA REPRESENTATIVE ASSEMBLY*

Preamble

The educator, believing in the worth and dignity of each human being, recognizes the supreme importance of the pursuit of truth, devotion to excellence, and the nurture of democratic principles. Essential to these goals is the protection of freedom to learn and to teach and the guarantee of equal educational opportunity for all. The educator accepts the responsibility to adhere to the highest ethical standards.

The educator recognizes the magnitude of the responsibility inherent in the teaching process. The desire for the respect and confidence of one's colleagues, of students, of parents, and of the members of the community provides the incentive to attain and maintain the highest possible degree of ethical conduct. The Code of Ethics of the Education Profession indicates the aspiration of all educators and provides standards by which to judge conduct.

The remedies specified by the NEA and/or its affiliates for the violation of any provision of this Code shall be exclusive and no such provision shall be enforceable in any form other than one specifically designated by the NEA or its affiliates.

Principle 1—Commitment to the Student

The educator strives to help each student realize his or her potential as a worthy and effective member of society. The educator therefore works to stimulate the spirit of inquiry, the acquisition of knowledge and understanding, and the thoughtful formulation of worthy goals.

In fulfillment of the obligation to the student, the educator

1. Shall not unreasonably restrain the student from independent action in the pursuit of learning.
2. Shall not unreasonably deny the student access to varying points of view.
3. Shall not deliberately suppress or distort subject matter relevant to the student's progress.
4. Shall make reasonable effort to protect the student from conditions harmful to learning or to health and safety.
5. Shall not intentionally expose the student to embarrassment or disparagement.
6. Shall not on the basis of race, color, creed, sex, national origin, marital status, political or religious beliefs, family, social or cultural background, or sexual orientation, unfairly:
    - a. Exclude any student from participation in any program;
    - b. Deny benefits to any student;
    - c. Grant any advantage to any student.

---

* Permission for use (1996). National Educational Association. NEA Professional Library, Washington D. C. 20036 for the Training for Interprofessional Collaboration Resource Guide.

CODE OF ETHICS OF THE EDUCATION PROFESSION* cont'd p. 2

7. Shall not use professional relationships with students for private advantage.
8. Shall not disclose information about students obtained in the course of professional service unless disclosure serves a compelling professional purpose or is required by law.

Principle II -- Commitment to the Profession

The education profession is vested by the public with a trust and responsibility requiring the highest ideals of professional service.

In the belief that the quality of the services of the education profession directly influences the nation and its citizens, the educator shall exert every effort to raise professional standards, to promote a climate that encourages the exercise of professional judgment, to achieve conditions that attract persons worthy of the trust to careers in education, and to assist in preventing the practice of the profession by unqualified persons.

In fulfillment of the obligation to the profession, the educator —

1. Shall not in an application for a professional position deliberately make a false statement or fail to disclose a material fact related to competency and qualifications.
2. Shall not misrepresent his/her professional qualifications.
3. Shall not assist entry into the profession of a person known to be unqualified in respect to character, education, or other relevant attribute.
4. Shall not knowingly make a false statement concerning the qualifications of a candidate for a professional position.
5. Shall not assist a non-educator in the unauthorized practice of teaching.
6. Shall not disclose information about colleagues obtained in the course of professional service unless disclosure serve [sic] a compelling professional purpose or is required by law.
7. Shall not knowingly make false or malicious statements about a colleague.
8. Shall not accept any gratuity, gift, or favor that might impair or appear to influence professional decisions or actions.

---

*Permission for use (1996). National Educational Association. NEA Professional Library, Washington D. C. 20036 for the Training for Interprofessional Collaboration Resource Guide.

166

AMERICAN MEDICAL ASSOCIATION PRINCIPLES OF MEDICAL ETHICS*

Preamble

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

---

*Permission for use (1996). *Code of Medical Ethics: Annotated Current Opinions* (1992). American Medical Association, Chicago, IL 60610 for the Training for Interprofessional Collaboration Resource Guide.

THE NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS*

I. The Social Worker's Conduct and Comportment as a Social Worker

A. Propriety— The social worker should maintain high standards of personal conduct in the capacity or identity as social worker.

1. The private conduct of the social worker is a personal matter to the same degree as is any other person's, except when such conduct compromises the fulfillment of professional responsibilities.
2. The social worker should not participate in, condone, or be associated with dishonesty, fraud, deceit, or misrepresentation.
3. The social worker should distinguish clearly between statements and actions made as a private individual and as a representative of the social work profession or an organization or group.

B. Competence and Professional Development—The social worker should strive to become and remain proficient in professional practice and the performance of professional functions.

C. Service—The social worker should regard as primary the service obligation of the social work profession.

D. Integrity—The social worker should act in accordance with the highest standards of professional integrity and impartiality.

1. The social worker should be alert to and resist the influences and pressures that interfere with the exercise of professional discretion and impartial judgment required for the performance of professional functions.
2. The social worker should not exploit professional relationships for personal gain.

E. Scholarship and Research—The social worker engaged in study and research should be guided by the conventions of scholarly inquiry.

1. The social worker engaged in research should consider carefully its possible consequences for human beings.
2. The social worker engaged in research should ascertain that the consent of participants in the research is voluntary and informed, without any implied deprivation or penalty for refusal to participate, and with due regard for participants' privacy and dignity.

---

*Permission for use (1996). National Association of Social Workers (1990), Washington D. C. 20002 for the Training for Interprofessional Collaboration Resource Guide.

THE NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS* cont'd p. 2

3. The social worker engaged in research should protect participants from unwarranted physical or mental discomfort, distress, harm, danger, or deprivation.
4. The social worker who engages in the evaluation of services or cases should discuss them only for the professional purposes and only with people directly and professionally
5. Information obtained about participants in research should be treated as confidential.
6. The social worker should take credit only for work actually done in connection with scholarly and research endeavors and credit contributions made by others.

II. The Social Worker's Ethical Responsibility to Clients

F. Primacy of Client's Interests—The social worker's primary responsibility is to clients.

1. The social worker should serve clients with devotion, loyalty, determination, and the maximum application of professional skill and competence.
2. The social worker should not exploit relationships with clients for personal advantage, or solicit the clients of one's agency for private practice.
3. The social worker should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status.
4. The social worker should avoid relationships or commitments that conflict with the interests of the client.
5. The social worker should under no circumstances engage in sexual activities with clients.
6. The social worker should provide clients with accurate and complete information regarding the extent and nature of the services available to them.
7. The social worker should apprise clients of their risks, rights, opportunities, and obligations associated with social service to them.
8. The social worker should seek advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of clients.
9. The social worker should terminate service to clients, and professional relationships with them, when such service and relationships are no longer required or no longer serve the clients' needs or interests.

---

* Permission for use (1996). National Association of Social Workers (1990), Washington D. C. 20002 for the Training for Interprofessional Collaboration Resource Guide.

THE NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS* cont'd p. 3

10. The social worker should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects.
11. The social worker who anticipates the termination or interruption of service to clients should notify clients promptly and seek the transfer, referral, or continuation of service in relation to the clients' needs and preferences.

G. Rights and Prerogatives of Clients—The social worker should make every effort to foster maximum self-determination on the part of clients.

1. When the social worker must act on behalf of a client who has been adjudged legally incompetent, the social worker should safeguard the interests and rights of that client.
2. When another individual has been legally authorized to act in behalf of a client, the social worker should deal with that person always with the client's best interest in mind.
3. The social worker should not engage in any action that violates or diminishes the civil or legal rights of clients.

H. Confidentiality and Privacy—The social worker should respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

1. The social worker should share with others confidences revealed by clients, without their consent, only for compelling professional reasons.
2. The social worker should inform clients fully about the limits of confidentiality in a given situation, the purposes for which information is obtained, and how it may be used.
3. The social worker should afford clients reasonable access to any official social work records concerning them.
4. When providing clients with access to records, the social worker should take due care to protect the confidences of others contained in those records.
5. The social worker should obtain informed consent of clients before taping, recording, or permitting third party observation of their activities.

I. Fees—When setting fees, the social worker should ensure that they are fair, reasonable, considerate, and commensurate with the service performed and with due regard for the clients' ability to pay.

1. The social worker should not divide a fee or accept or give anything of value for receiving or making a referral.

---

*Permission for use (1996). National Association of Social Workers (1990), Washington D. C. 20002 for the Training for Interprofessional Collaboration Resource Guide.

III. The Social Worker's Ethical Responsibility to Colleagues

J. Respect, Fairness, and Courtesy—The social worker should treat colleagues with respect, courtesy, fairness, and good faith.

1. The social worker should cooperate with colleagues to promote professional interests and concerns.
2. The social worker should respect confidences shared by colleagues in the course of their professional relationships and transactions.
3. The social worker should create and maintain conditions of practice that facilitate ethical and competent professional performance by colleagues.
4. The social worker should treat with respect, and represent accurately and fairly, the qualifications, views, and findings of colleagues and use appropriate channels to express judgments on these matters.
5. The social worker who replaces or is replaced by a colleague in professional practice should act with consideration for the interest, character, and reputation of that colleague.
6. The social worker should not exploit a dispute between a colleague and employers to obtain a position or otherwise advance the social worker's interest.
7. The social worker should seek arbitration or mediation when conflicts with colleagues require resolution for compelling professional reasons.
8. The social worker should extend to colleagues of other professions the same respect and cooperation that is extended to social work colleagues.
9. The social worker who serves as an employer, supervisor, or mentor to colleagues should make orderly and explicit arrangements regarding the conditions of their continuing professional relationship.
10. The social worker who has the responsibility for employing fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.
11. The social worker who has responsibility for evaluating the performance of employees, supervisors, or students should share evaluations with them.

K. Dealing with Colleagues' Clients—The social worker has the responsibility to relate to the clients of colleagues with full professional consideration.

1. The social worker should not solicit the clients of colleagues.
2. The social worker should not assume professional responsibility for the clients of another agency or a colleague without appropriate communication with that agency or colleague.

* Permission for use (1996). National Association of Social Workers (1990), Washington D. C. 20002 for the Training for Interprofessional Collaboration Resource Guide.

3. The social worker who serves the clients of colleagues, during a temporary absence or emergency, should serve those clients with the same consideration as that afforded any client.

IV. The Social Worker's Ethical Responsibility to Employers and Employing Organizations

L. Commitments to Employing Organization—The social worker should adhere to commitments made to the employing organization.

1. The social worker should work to improve the employing agency's policies and procedures, and the efficiency and effectiveness of its services.
2. The social worker should not accept employment or arrange student field placements in an organization which is currently under public sanction by NASW for violating personnel standards, or imposing limitations on or penalties for professional actions on behalf of clients.
3. The social worker should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.
4. The social worker should use with scrupulous regard, and only for the purpose for which they are intended, the resources of the employing organization.

V. The Social Worker's Ethical Responsibility to the Social Work Profession

M. Maintaining the Integrity of the Profession—The social worker should

1. The social worker should protect and enhance the dignity and integrity of the profession and should be responsible and vigorous in discussion and criticism of the profession.
2. The social worker should take action through appropriate channels against unethical conduct by any other member of the profession.
3. The social worker should act to prevent the unauthorized and unqualified practice of social work.
4. The social worker should make no misrepresentation in advertising as to qualifications, competence, service, or results to be achieved.

---

* Permission for use (1996). National Association of Social Workers (1990), Washington D. C. 20002 for the Training for Interprofessional Collaboration Resource Guide.

N. Community Service—The social worker should assist the profession in making social services available to the general public.

1. The social worker should contribute time and professional expertise to activities that promote respect for the utility, the integrity, and the competence of the social work profession.
2. The social worker should support the formulation, development, enactment and implementation of social policies of concern to the profession.

O. Development of Knowledge—The social worker should take responsibility for identifying, developing, and fully utilizing knowledge for professional practice.

1. The social worker should base practice upon recognized knowledge relevant to social work.
2. The social worker should critically examine and keep current with emerging knowledge relevant to social work.

VI. The Social Worker's Ethical Responsibility to Society

P. Promoting the General Welfare—The Social worker should promote the general welfare of society.

1. The social worker should act to prevent and eliminate discrimination against any person or group on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status.
2. The social worker should act to ensure that all persons have access to the resources, services, and opportunities which they require.
3. The social worker should act to expand choice and opportunity for all persons, with special regard for disadvantaged or oppressed groups and persons.
4. The social worker should promote conditions that encourage respect for the diversity of cultures which constitute American society.
5. The social worker should provide appropriate professional services in public emergencies.
6. The social worker should advocate changes in policy and legislation to improve social conditions and to promote social justice.
7. The social worker should encourage informed participation by the public shaping social policies and institutions.

---

* Permission for use (1996). National Association of Social Workers (1990), Washington D. C. 20002 for the Training for Interprofessional Collaboration Resource Guide.

ICMA
Code of Ethics*

The purpose of the **International City/County Management Association** is to increase the proficiency of city managers, county managers, other municipal administrators, and assistants and to strengthen the quality of urban government through professional management. To further these objectives certain ethical principles shall govern the conduct of every member of the International City/County Management Association, who shall:

1. Be dedicated to the concepts of effective and democratic local government by responsible elected officials and believe that professional general management is essential to the achievement of this objective.

2. Affirm the dignity and worth of the services rendered by government and maintain a constructive, creative, and practical attitude toward urban affairs and a deep sense of social responsibility as a trusted public servant.

3. Be dedicated to the highest ideals of honor and integrity in all public and personal relationships in order that the member may merit the respect and confidence of the elected officials, of other officials and employees, and the public.

4. Recognize that the chief function of local government at all times is to serve the best interests of all of the people.

5. Submit policy proposals to elected officials: provide them with facts and advise on matters of policy as a basis for making decisions and setting community goals; and uphold and implement municipal policies adopted by elected officials.

6. Recognize that elected representatives of the people are entitled to the credit for the establishment of municipal policies/ responsibility for policy execution rests with the members.

7. Refrain from participation in the election of the members of the employing legislative body, and from all partisan political activities which would impair performance as professional administrator.

8. Make it a duty continually to improve the member's professional ability and to develop the competence of associates in the use of management techniques.

9. Keep the community informed on municipal affairs; encourage communication between the citizens and all municipal officers; emphasize friendly and courteous service to the public; and seek to improve the quality and image of public service.

10. Resist and encroachment of professional responsibilities, believing the member should be free to carry out official policies without interference, and handle each problem without discrimination on the basis of principle and justice.

11. Handle all matters of personnel on the basis of merit so that fairness and impartiality govern a member's decisions, pertaining to appointments, pay adjustments, promotions, and discipline.

12. Seek no favor; believe that personal aggrandizement or profit secured by confidential information or by misuse of public time is dishonest.

This code was originally adopted in 1924 by the members of ICMA and has since been amended in 1938, 1952, 1969, 1972, and 1976

ICMA the professional association
of appointed administrators
serving cities, counties, regional
councils and other local
governments

* Reprinted with permission from the publisher (1996). International City/County Management Association, Washington D. C. 20002 for the Training for Interprofessional Collaboration Resource Guide.

CODE FOR NURSES (abridged)
American Nurses' Association*
1950, revised 1976, 1985

1 The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

1.1 Respect for Human Dignity

The fundamental principle of nursing practice is respect for the inherent dignity and worth of every client. Nurses are morally obligated to respect human existence and the individuality of all persons who are the recipients of nursing actions. Nurses therefore must take all reasonable means to protect and preserve human life when there is hope of recovery or reasonable hope of benefit from life-prolonging treatment.

1.2 Status and Attributes of Clients

The need for health care is universal, transcending all national, ethnic, racial, religious, cultural, political, educational, economic, developmental, personality, role, and sexual differences. Nursing care is delivered without prejudicial behavior. Individual value systems and life-styles should be considered in the planning of health care with and for each client.

1.3 The Nature of Health Problems

The nurse's respect for the worth and dignity of the individual human being applies, irrespective of the nature of the health problem. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care of the dying. The nurse does not act deliberately to terminate the life of any person.

2 The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

2.1 The Client's Right to Privacy

The right to privacy is an inalienable human right. The client trusts the nurse to hold all information in confidence. This trust could be destroyed and the client's welfare jeopardized by injudicious disclosure of information provided in confidence. The duty of confidentiality, however, is not absolute when innocent parties are in direct jeopardy.

2.2 Protection of Information

The rights, well-being, and safety of the individual client should be the determining factors in arriving at any professional judgment concerning the disposition of confidential information received from the client relevant to his or her treatment. The standards of nursing practice and the nursing responsibility to provide high quality health services require that relevant data be shared with members of the health team. Only information pertinent to a client's treatment and welfare is disclosed, and it is disclosed only to those directly concerned with the client's care.

*** Permission for use (1996). American Nurses Foundation, Washington D. C. 20024**

Information documenting the appropriateness, necessity, and quality of care required for the purposes of peer review, third-party payment, and other quality assurance mechanisms must be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the client are maintained.

2.3 Access to Records

If in the course of providing care there is a need for the nurse to have access to the records of persons not under the nurse's care, the persons affected should be notified and, whenever possible, permission should be obtained first. Although records belong to the agency where the data are collected, the individual maintains the right of control over the information in the record. Similarly, professionals may exercise the right of control over information they have generated in the course of health care.

3 The nurse acts to safeguard the client and the public when health care and safety are affected by incompetent, unethical, or illegal practice by any person.

3.1 Safeguarding the Health and Safety of the Client

The nurse's primary commitment is to the health, welfare, and safety of the client. As an advocate for the client, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, or illegal practice by any member of the health care team or the health care system, or any action on the part of others that places the rights or best interests of the client in jeopardy.

3.2 Acting on Questionable Practice

When the nurse is aware of inappropriate or questionable practice in the provision of health care, concern should be expressed to the person carrying out the questionable practice and attention called to the possible detrimental effect upon the client's welfare. When factors in the health care delivery system threaten the welfare of the client, similar action should be directed to the responsible administrative person. If indicated, the practice should then be reported to the appropriate authority within the institution, agency, or larger system.

4 The nurse assumes responsibilities and accountability for individual nursing judgments and actions.

4.1 Acceptance of Responsibility and Accountability

The recipients of professional nursing services are entitled to high quality nursing care. Individual professional licensure is the protective mechanism legislated by the public to ensure the basic and minimum competencies of the professional nurse. The regulation and control of nursing practice by nurses demand that individual practitioners of professional nursing must bear primary responsibility for the nursing care clients receive and must be individually accountable for their own practice.

*** Permission for use (1996). American Nurses Foundation, Washington D. C. 20024**

4.2 Responsibility for Nursing Judgment and Action

In recognizing the rights of clients, the standards describe a collaborative relationship between the nurse and the client through use of the nursing process. Nursing responsibilities include data collection and assessment of the health status of the client; formation of nursing diagnoses derived from client assessment; development of a nursing care plan that is directed toward designated goals, assists the client in maximizing his or her health capabilities, and provides for the client's participation in promoting, maintaining, and restoring his or her health; evaluation of the effectiveness of nursing care in achieving goals as determined by the client and the nurse; and subsequent reassessment and revision of the nursing care plan as warranted. In the process of assuming these responsibilities, the nurse is held accountable for them

4.3 Accountability for Nursing Judgment and Action

Accountability refers to being answerable to someone for something one has done. It means providing an explanation or rationale to oneself, to clients, to peers, to the nursing profession, and to society. In order to be accountable, nurses act under a code of ethical conduct that is grounded in the moral principles of fidelity and respect for the dignity, worth, and self-determination of clients.

5 The nurse maintains competence in nursing.

5.1 Personal Responsibility for Competence

The profession of nursing is obligated to provide adequate and competent nursing care. Therefore it is the personal responsibility of each nurse to maintain competency in practice. For the client's optimum well-being and for the nurse's own professional development, the care of the client reflects and incorporates new techniques and knowledge in health care as these develop, especially as they relate to the nurse's particular field of practice.

6 The nurse exercises informed judgment and uses individual competency and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities.

6.1 Changing Functions

Nurses are faced with decisions in the context of the increased complexity of health care, changing patterns in the delivery of health services, and the development of evolving nursing practice in response to the health needs of clients.

6.2 Accepting Responsibilities

The nurse must not engage in practices prohibited by law or delegate to others activities prohibited by practice acts of other health care personnel or by other laws. If the nurse concludes that he or she lacks competence or is inadequately prepared to carry out a specific function, the nurse has the responsibility to refuse that work and to seek alternative sources of care based on concern for the client's welfare.

*** Permission for use (1996). American Nurses Foundation, Washington D. C. 20024**

6.4 Delegation of Nursing Activities

Inasmuch as the nurse is accountable for the quality of nursing care rendered to clients, nurses are accountable for the delegation of nursing care activities to other health workers. Therefore, the nurse must assess individual competency in assigning selected components of nursing care to other nursing service personnel.

7 The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

7.1 The Nurse and Development of Knowledge

Ongoing scholarly activity such as research and the development of theory is indispensable to the full discharge of profession's obligations to society. Each nurse has a role in this area of professional activity, whether as an investigator in furthering knowledge, as a participant in research, or as a user of theoretical and empirical knowledge.

7.2 Protection of Rights of Human Participants in Research

Individual rights valued by society and by the nursing profession that have particular application in research include the right of adequately informed consent, the right to freedom from risk of injury, and the right of privacy and preservation of dignity. Inherent in these rights is respect for each individual's rights to exercise self-determination, to choose to participate or not, to have full information, and to terminate participation in research without penalty.

8 The nurse participates in the profession's efforts to implement and improve standards of nursing.

9 The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.

9.1 Responsibility for Conditions of Employment

The nurse must be concerned with conditions of employment that (a) enable the nurse to practice in accordance with the standards of nursing practice and (b) provide a care environment that meets the standards of nursing service.

9.2 Maintaining Conditions for High Quality Nursing Care

Articulation and control of nursing practice can be accomplished through individual agreement and collective action. A nurse may enter into an agreement with individuals or organizations to provide health care. Nurses may participate in collective action such as collective bargaining through their state nurses' association to determine the terms and conditions of employment conducive to high quality nursing care. Such agreements should be consistent with the profession's standards of practice, the state law regulating nursing practice, and the Code for Nurses.

*** Permission for use (1996). American Nurses Foundation, Washington D. C. 20024**

CODES FOR NURSES
American Nurses Association* cont'd p. 5

10 The nurse participates in the profession's efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

10.1 Protection from Misinformation and Misrepresentation

Nurses are responsible for advising clients against the use of products that endanger the clients' safety and welfare. The nurse shall not use any form of public or professional communication to make claims that are false, fraudulent, misleading, deceptive, or unfair.

10.2 Maintaining the Integrity of Nursing

Nurses should refrain from casting a vote in any deliberations involving health care services of facilities where the nurse has business or other interests that could be construed as a conflict of interest.

11 The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

11.1 Collaboration with Others to Meet Health Needs

The availability and accessibility of high quality health services to all people require collaborative planning at the local, state, national, and international levels that respects the interdependence of health professionals and clients in health care systems. Nursing care is an integral part of high quality health care, and nurses have an obligation to promote equitable access to nursing and health care for all people.

11.2 Responsibility to the Public

The nursing profession is committed to promoting the welfare and safety of all people. The goals and values of nursing are essential to effective delivery of health services. For the benefit of the individual client and the public at large, nursing's goals and commitments need adequate representation. Nurses should ensure this representation by active participation in decision making in institutional and political arenas to assure a just distribution of health care and nursing resources.

11.3 Relationships with Other Disciplines

The complexity of health care delivery systems requires a multidisciplinary approach to delivery of services that has the strong support and active participation of all the health professions. Nurses should actively promote the collaborative planning required to ensure the availability and accessibility of high quality health services to all persons whose health needs are unmet.

*** Permission for use (1996). American Nurses Foundation, Washington D. C. 20024**

The Competencies for Interprofessional Collaboration Analysis Tool (CICAT)*

Introduction

This tool is an outgrowth of the combined efforts of professionals in the fields of Education, Nursing, Public Health and Community Medicine, Public Affairs and Social Work working within the Training for Interprofessional Collaboration (TIC) Project at the University of Washington, supported in part by a grant from the National Association of State Boards of Education (NASBE). Members of this project recognize the need for professionals of all fields to work as a collaborative interprofessional team to deliver integrated, client-responsive education and human services to children and their families. This tool was developed to aid in analyzing guidelines or training manuals of programs and/or certification requirements of professionals working with families. The goal of the analysis is to determine whether competencies (and their components) found to be important for interprofessional collaboration are present and supported in the documents being reviewed and analyzed.

The competencies identified in this analysis tool resulted from an extensive review of current literature about interprofessional collaboration and the input of various groups of professionals who are engaged in inter-agency collaborative work. Synthesis of the various collaborative competency assessment components resulted in a conceptual framework that proceeds from knowledge, skills and attitudes at the intrapersonal level on through interpersonal relationships, group processes, organizational savvy and socio-cultural understandings. These five domains are key for the formation and ongoing support of an interprofessional collaborative network. It is around these five domains and their components that this tool is organized.

The consolidated competency statements included here emerged from the review of competency assessment data. These data clearly show that professionals must hold appropriate attitudes and values for collaboration which include such basic skills as group meeting leadership and consensus negotiations. Professionals must also develop knowledge of their various collaborative partners' language, key concepts, organizational missions, and so forth. Teachers, for example, must know something of how social workers and public health workers define their objectives, perceive their clients, and carry out their work; social and health workers must likewise know the basics of teachers' work. Further, all professionals working collaboratively must develop the habit of reflection on their interprofessional efforts so that future efforts are informed by past experience. The overarching purposes for any professional in developing these competencies is then 1) to develop the basic skills, knowledge and attitudes to become an increasingly sophisticated collaborator and 2) to increase reflection and analysis of oneself in the role of collaborator.

The CICAT

The Competencies for Interprofessional Collaboration Analysis Tool (CICAT) consists of the five *domains* necessary for interprofessional collaboration identified above and their *components*. Analysis of whether the competencies in each domain are present and supported is divided into two parts: Part I identifies the degree to which the component is present; and Part II identifies what kind of knowledge and/or skills are required for that component. Part I has 5 ratings, minus three, zero, plus one, two and three (–3, 0, 1, 2, 3). These ratings can be tallied for each domain. The higher the rating the more interprofessional collaboration is likely to be present and supported in the program or certification requirements.

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The CICAT* cont'd

Part II is intended to create profiles of the types of knowledge or skill required for that domain. The analyst adds up the number of A's, B's, C's & D's. If there are mostly B's for a domain, e. g. Group Process Skills, this means that whatever documents are being assessed require the professional to have basic knowledge in that competency. Mostly C's means the person must be able to analyze practice in that competency domain and mostly D's means the person must demonstrate practice in the competency skillfully, e. g. use team-building skills. Ideally the more balanced the number of B's, C's and D's within domains the more likely interprofessional collaboration is present and supported in the program or certification documents.

Each component has a Comment section for adding notes, explanations of ratings or whatever may be pertinent. Finally, Summary/Comment and Conclusion/Discussion/Plan of Action sections are included to complete the analysis and identify for professionals whether a firm base of support for interprofessional collaboration already exists, or where policy revisions/adaptations need to be made to establish interprofessional collaboration within the guidelines or training manuals of the program and/or certification requirements.

This analysis tool is set up to identify assets or strengths existing in any written documents or certification requirements that support interprofessional collaboration. From this beginning analysis, a dialog can then be established among the professional disciplines involved, identifying ways to create an atmosphere in which interprofessional collaboration, based on mutual respect and appreciation of everyone's contributions can be maintained.

Instructions

For each of the five domain sections, first complete Part I and then, if appropriate, complete Part II. Circle only one number for Part I.

Part I. Identifies the degree to which the component is present.

-3 = Negates the presence of this component.
0 = This component is not present.
1 = This component is vaguely present.
2 = This component is implicitly present.
3 = This component is explicitly present.

Definitions

Part I. The more explicit the statement about collaboration the better.

Negates means that a statement actually would prohibit collaboration with other disciplines. For instance, if professionals of one discipline were requested or required "not to share" information with professionals of other disciplines who were closely involved in providing services to a client.

Not Present means the component doesn't exist or isn't mentioned.

Vaguely means that the component may or may not be present, but it is difficult to tell from the way the statement is worded. A statement such as "Be able to work with others," is one example. This is a vague statement which covers an array of behavior—some collaborative and some not. A more specific statement like, "Collaborate with professionals from all disciplines in providing services to his or her clients" would be clearer.

---

*Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The CICAT* cont'd

Implicit means the component is implied but not stated clearly as "collaboration." Stating "the need to be aware of the roles of other disciplines," may imply collaboration, since awareness of other disciplines' roles is an important step to be able to work collaboratively together. However, awareness does not automatically mean the practice of collaboration is happening. A better statement would be "Works collaboratively and demonstrates an awareness of the roles of other disciplines by actively encouraging professionals of other disciplines to share views and insights when working with clients, their families and the community."

Explicit is a statement in which the word "collaborate" and/or its derivations appears. For instance, "Collaboration with teachers and other school personnel on an individual or group basis for the purpose of assessment," is an explicit statement. Words like "cooperate" or "coordinate" **are not** considered synonyms for collaboration. Many times, collaboration heads a paragraph with a list of behaviors, which means all the behaviors listed are considered explicit statements of collaboration. For example...

"Collaborates with other professional disciplines in:

1. Developing a school health program which assists students, families, and school staff to deal with health problems.
2. Ensuring that health needs are recognized and planned for the total school program.
3. Contributing to a safe and healthy school environment."

IF numbers one, two or three in Part I were chosen, then choose one or more (as many as applicable) from among the list under Part II below. (NOTE: If **A** is chosen, then none of the other letters will be applicable.)

Part II. Identifies what kind of knowledge and/or skills are required for that component. The more B's, C's and D's the better.

A = Unclear what kind of knowledge and/or skill is required
B = Requires basic knowledge about this component
C = Requires analysis of this component
D = Requires demonstrated practice of this component

Generally, most descriptions of professionals duties and responsibilities will list knowledge (B) and/or demonstrated practice (D) as important behaviors. However, analysis which requires the ability of reflection and consideration (a key component of collaboration) is not usually required. Somewhere analysis or its derivations (e. g. analyzes) must be stated for this to count as a "C".

Comments. Additional explanations to clarify or pinpoint important information. For instance, if one is analyzing a training manual and some behaviors for a given component are required but not all the behaviors, describing this in the comment sections helps explain why you circled a given number as you did. It also helps show which behaviors necessary for the component are present and what additional behaviors should be required (i.e. written into the training manual) for interprofessional collaboration to be successful.

---

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The CICAT* cont'd

Scoring

Part I—Add up all the numbers for each of the five competency domains and record in the summary section (last page of the analysis tool). Certainly one would like to see a higher score for each domain and for the whole. This would mean that within the competency domain, all its components are clearly and explicitly described. But generally there will be a mix of components described well (3's) and those that are only implied (2's) or vague (1's). Zeros (0's) mean the component is not even mentioned. A –3 rating is given when a particular behavior will actually interfere with the process of interprofessional collaboration. (Note: Because of the serious effect of negative or anti-collaborative statements, we have given a heavier weighting of –3 to match the weight of explicitly positive statements).

At this time, there is no "cut-off" score to indicate that a total of, say, 40 is average or 60 is excellent. The main purpose of this instrument is for you to analyze whether your program's guidelines or certification requirements for professionals working within that program explicitly support interprofessional collaboration. It will be relatively simple for you to scan to see where revisions are needed.

Part II.—Add up each of the A's, B's, C's and D's and total them separately. As mentioned before, each letter represents the type of knowledge and/or skill required for a given component. Again, it would be excellent if every component required a person, not just to have knowledge (B) about the component, but to be able to analyze (C) and practice (D) the component as well. Then, B, C, & D would always be circled. Any time an "A" is circled, it is unclear what kind of knowledge or skill is required and one must revise to make the statement clearer.

No one type from among B, C or D is 'better'. Each is important, which is why a mix of the three achieves more balance and greater likelihood interprofessional collaboration will be supported and maintained in the program. Keep in mind that this instrument was intended as a framework to help you strengthen your guidelines or certification requirements so that interprofessional collaboration is an ongoing, active component supported and maintained within your program or certification requirements.

After Part I and Part II are tallied, the next step is to look for patterns. Look for patterns within and between different documents, such as policy statements and training manuals. Look for patterns in the wording. This will help you find consistencies, inconsistencies and gaps within your program's guidelines and/or certification requirements. A good way to start is with the domains. Does the document require all five competency domains or is one entirely missing. Are domains present in one part of the program, but missing in another. Next review the components for each domain. Again look at which ones are present, absent or inconsistently present/not present from one part of the program to another.

Think about the wording as you read. Do the words speak to interprofessional collaboration all the time? sometimes? never? What about between documents? For instance, does one document specify "collaborate with other professionals...," while another document says "cooperate with other professionals...?" These are two different meanings, one can be cooperative and not be collaborative. The words must be clearly stated.

Finally, make sure more than one person reviews the documents and/or certification requirements. This helps ensure consistency and collaboration within the program. The analyses can then be pooled and documents and/or certification requirements revised and clarified so they are clear, consistent and representative of interprofessional collaboration.

---

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The Competencies for Interprofessional Collaboration Analysis Tool (CICAT)*

Reason for Assessment:____

Documents Reviewed:____

Intrapersonal Competencies:

Emphasizes an understanding of...	Part I	Part II
1. how one's own theories and belief systems might affect one's perceptions and actions related to collaborative work?	–3 0 1 2 3	A B C D
2. the personal/human development process and the ability to apply that understanding to one's own life and the lives of others as they relate to collaboration?	–3 0 1 2 3	A B C D
3. the need to assess one's own professional and personal behavior regularly and assume responsibility for one's personal behavior?	–3 0 1 2 3	A B C D
4. maintenance of attitudes necessary for collaboration including: willingness to take risks, tolerate ambiguity, set realistic expectations, show sensitivity to socio-cultural differences, accept responsibility for one's own actions, accept various group support roles as needed, and show respect for other professional disciplines/practitioners?	–3 0 1 2 3	A B C D

Subtotal: Part I____Part II_____A's_____B's____C's_____D's

COMMENTS:

Interpersonal Relationship Competencies:

Emphasizes the need for...	Part I	Part II
5. good communication skills, i. e. active listening, clarifying terminology and ideas, summarizing, giving/ receiving feedback and the reading of nonverbal cues?	–3 0 1 2 3	A B C D

---

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The CICAT* cont'd p. 2

Interpersonal Relationship Competencies continued:

Emphasizes the need for...	Part I	Part II
6. an ability to motivate and validate others and develop trusting relationships?	-3 0 1 2 3	A B C D
7. conflict management and resolution skills?	-3 0 1 2 3	A B C D
8. negotiation skills?	-3 0 1 2 3	A B C D
9. knowledge of one or more models for change and having skills that support change?	-3 0 1 2 3	A B C D
10. skills and knowledge to identify multiple, diverse service needs of clients?	-3 0 1 2 3	A B C D

Subtotal: Part I____Part II_____A's_____B's_____C's_____D's

COMMENTS:

Group Processes Competencies:

Emphasizes an understanding of...	Part I	Part II
11. how to effectively run a collaborative meeting including how to: set agendas, establish a common vision, clarify language, set ground rules, identify barriers and mutual concerns, exchange information and achieve consensus?	-3 0 1 2 3	A B C D
12. the dynamics of group process: motivation of participants, the inclusion of new members the equalizing of participants, the sharing of responsibility and successes and commitment to a common goal?	-3 0 1 2 3	A B C D

---

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The CICAT* cont'd p. 3

Group Processes Competencies continued:

Emphasizes an understanding of...	Part I	Part II
13. team-building skills such as creating ceremonies, symbols and rituals?	–3 0 1 2 3	A B C D
14. how to identify participants tasks and roles in a collaborative service group?	–3 0 1 2 3	A B C D
15. develop, monitor and adapt accountability systems for the collaborative service group?	–3 0 1 2 3	A B C D

Subtotal: Part I____Part II_____A's_____B's_____C's_____D's

COMMENTS:

Organizational Savvy Competencies:

Emphasizes the need for knowledge of...	Part I	Part II
16. collaborative model(s) of service delivery and how it(they) differ(s) from other models of service delivery?	–3 0 1 2 3	A B C D
17. and the ability to articulate one's own organizational mission, structure, finances, services and language?	–3 0 1 2 3	A B C D
18. the mission, structure, finances, services, and language of collaborating agencies?	–3 0 1 2 3	A B C D
19. the standard operating procedures for intra-organizational and inter-organizational feedback?	–3 0 1 2 3	A B C D
20. ethical issues and potential liability problems?	–3 0 1 2 3	A B C D

---

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The CICAT* cont'd p. 4

Organizational Savvy Competencies continued:

Emphasizes the need for knowledge of...	Part I	Part II
21. alternative degrees of precision in rule interpretation and the ability to assess an appropriate level of precision for a given situation?	–3 0 1 2 3	A B C D
Emphasizes the need to gain...		
22. skills in accessing pertinent information necessary for collaboration, e.g. regulatory information?	–3 0 1 2 3	A B C D
23. networking skills including how to: meet key individuals, sustain relationships and establish agreements for reciprocity?	–3 0 1 2 3	A B C D
24. political savvy within own organization and with traditionally adversarial organizations, e.g. unions, lobby groups?	–3 0 1 2 3	A B C D

Subtotal: Part I____Part II_____A's_____B's_____C's_____D's

COMMENTS:

Socio-Cultural Understanding Competencies:

Emphasizes the need for knowledge of and sensitivity to...	Part I	Part II
25. community resources, leadership patterns and subcultures?	–3 0 1 2 3	A B C D
26. socio-cultural differences and their impact on group processes and services, especially how to deal with isolated, seemingly resistant clients?	–3 0 1 2 3	A B C D

---

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The CICAT* cont'd p. 5

Socio-Cultural Understanding Competencies continued:

Emphasizes the need for knowledge of and sensitivity to...	Part I	Part II
27. core American values that might support or hinder the collaborative process?	–3 0 1 2 3	A B C D
28. strategies needed to gain community input, involvement and commitment to selected service goals?	–3 0 1 2 3	A B C D

Subtotal: Part I____Part II_____A's_____B's____C's_____D's

COMMENTS:

---

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

The CICAT* cont'd p. 6

Summary

Competencies:

Intrapersonal: Part I____Part II____A's____B's____C's____D's

Interpersonal Relationship: Part I____Part II____A's____B's____C's____D's

Group Processes: Part I____Part II____A's____B's____C's____D's

Organizational Savvy: Part I____Part II____A's____B's____C's____D's

Socio-Cultural Understanding: Part I____Part II____A's____B's____C's____D's

TOTALS: Part I____Part II____A's____B's____C's____D's

COMMENTS

Conclusions/Discussions/Plan of Action

Name of Analyst: ______________________________________ **Date:** __________

---

* Developed by Johnson-Crowley, N. & Gehrke, N. (1992) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA.

E-2 ACRONYM JEOPARDY

◆ Workers in different professions often take shortcuts to communicate. However, this can often be befuddling to members of other professions and the clients and families that may be involved in an interprofessional collaboration. Government and agency names are a particular source of confusion.

Learning Objectives

1E. What are the organizational missions, services and languages of agencies?
2F. What the community resources and socio-cultural differences in the community?

Activity Description

Materials: A large board with 5 or 6 vertical columns of pockets and 5 horizontal rows. On each pocket, written in visible numbers, is the amount of points assigned to the questions. The lowest amount of points and the easiest question are at the top. The highest amount of points and the most difficult question are at the bottom of the column. At the top of each column is the subject headings: City, County, State, Education, Federal. In each pocket is a card containing a statement of either an agency acronym or the services offered by public and private agencies and departments under the respective headings.

Time: 40 minutes

The Players

1. The class is divided into 2 or 3 transprofessional teams, 2 judges, and 1 moderator (perhaps the instructor), and a scorekeeper (perhaps the instructor also).

2. The judges verify the answers, monitor the time, and decide which was the first team to respond to the question in order to answer. The decision of the judges is final.

3. The moderator draws and reads the statements or acronym on each card.

4. The teams may either rotate turns for answering the questions as individuals, or have one individual answer after consulting with the team.

The Play

5. The moderator reads the statement. The teams have ten seconds to answer the question. The first team which raises its hand (in the estimation of the judges) answers. The answer must be in the form of a question. If the statement on the card is DSHS, the answer might be "**What is** the Department of Social and Health Services?" (A more challenging game might require the contestant to include some or all of the services of the agency.) If the statement on the card is "The agency to which you report an often bruised child." The answer should be, "**What is** CPS or the Child Protective Services?"

When the team cannot answer the question correctly, points are deducted and the other team(s) have the option to answer. If they decline there is no penalty. If they answer correctly they get the points. If they answer incorrectly points are deducted. If a question cannot be answered by any of the teams the moderator reads the answer to the class.

Options: When all of the questions on the board have been answered the moderator reads the Final Category. Teams wager all or part of their points. The moderator reads the statement and all teams have 20 seconds to give an answer. If a team answers correctly their wager is added to their score. If they answer incorrectly the wager is subtracted. Points are added up and the applause is given to the team with the highest score and prizes are given to the whole class for a job well done.

A second round may be added before the Final Category which would include 25 questions about interprofessional words, concepts, and practices.
Note: In the context of collaboration this competition should be seen as a way for the whole group to grow, learn, and laugh together, rather than as a win/lose situation.

The Discussion

1. In what ways can professionals ensure clarity of communications in interprofessional collaborations?

2. How did sharing interprofessional knowledge contribute to the success of the team?

Related Readings

Resource Center. (1995)
Winer, M. & Ray, K. (1994). p. 21-39
Johnson . D. & Johnson, F. (1994). pp. 445-453
Melaville, A., Blank, J. & Asayesh, G. (1993). pp. 35-45

Related Activities

E-3 Voices of Our Own Profession; **E-5** Getting to Know You;
F-5 Agency Scavenger Hunt

Example: Some Acronyms from Washington State*

FRC	Family Reconciliation Services
CPS	Child Protective Services
DCFS	Division of Child and Family Services
DJR	Division of Juvenile Rehabilitation
DDD	Department of Developmental Disabilities
OSPI	Office of the Superintendent of Public Instruction
MH	Mental Health
DASA	Department of Alcohol and Substance Abuse
AA	Alcoholics Anonymous
DHHS	Department of Housing and Human Services (Seattle)
DHS	Department of Human Services (King county)
SPD	Seattle Police Department
DYS	Department of Youth Services
CCS	Catholic Community Services
CHS	Center for Human Services
CAYA	Central Area Youth Association
CSS	Community Support Services
CIS	Crisis Intervention Services
CDMHS	Community Designated Mental Health Services
DSHS	Department of Social and Health Services
DVR	Department of Vocational Rehabilitation

---

* These are organizations and agencies that serve the State of Washington and parts of the Pacific Northwest. In different areas there will be different groups and different acronyms.

Example: Some Acronyms from Washington State* cont'd p. 2

SSD	Social Security Disability
SSI	Social Security Income
ESO	Employment Security Office
SHA	Seattle Housing Authority
KCHA	King County Housing Authority
HUD	Department of Housing and Urban Development
YFSN	King County Youth and Family Services Network
NH	Neighborhood House
UL	Urban League
ACRS	Asian Counseling and Referral Services
WIC	Women, Infants, and Children Supplemental Food Program
DAWN	Domestic Abuse Women's Network
SARC	King County Sexual Assault Resource Center
CC	Crisis Clinic

---

* These are organizations and agencies that serve the State of Washington and parts of the Pacific Northwest. In different areas there will be different groups and different acronyms.

E-3 VOICES OF OUR OWN PROFESSION

- **There is a wealth of knowledge and expertise available when working together.**

Learning Objectives

1B. Explain a personal theory and how it affects perceptions and actions

1E. Articulate the organizational missions, structures, services, and language of collaborating agencies.

Activity Description

Materials: "Professional's Interview Protocol" questions and "Small Group Guidelines"

Time: 2 one-hour sessions

Session One

1. In class review the Protocol questions, clarifying wording and the data to be collected.
2. Review the Guidelines with all participants.
3. Place participants in mixed (professional) pairs and have them interview each other.
4. Debrief to clarify any questions that arose from the practice interview.
5. Assign interviews of a professional in the participants' own fields to be done before the next session. Each participant should make summaries of the interviews and duplicate them for the next session.

Session Two

1. Either as a whole class or in mixed subgroups discuss general experience of interviewing
2. Identify the common threads and differences among the responses of the various professionals.
3. Discuss the ramifications of the differences and similarities for interprofessional collaboration.
4. Do a quick write or respond in journals to these phrases:
    a. I have learned in my own profession that people think......
    b. I have learned that in other professions (specify) people think __________________________________.
    c. The implications of these similarities and differences for collaboration are __________________________________.

Note: If students are experienced with interviewing, the first session can be eliminated.

E-3 Voices of Our Own Profession *p.2*

Related Readings

Capper. C. (1994). pp.139-152
Harbaugh. G. (1994). pp. 11-21
Casto. M. (1994). pp. 139-154
Girouard. S. & Igoe. J. (1994). pp. 167-178
Goren. S. & Afable. L. (1994). pp. 153-166
Gray. B. (1989). pp. 26-54: 112-130
Joining Forces. American Public Welfare Association. et al. (1992)
Lawson. H. & Hooper-Briar. K. (1994). pp. 17-28
Manley-Casimir. M. & Hall. M. (1994). pp. 63-77
Melaville. A. Blank. J. & Asayesh. G. (1994). pp. 23-45
Ward. J. (1994). pp. 79-86

Related Activities

E- 1 Code of Ethics: **E-4** On Confidentiality: **E-5** Getting To Know You:
E- 6 Stakeholder's Market

BEST COPY AVAILABLE

Training for Interprofessional Collaboration Professional's Interview Protocol*

1) A. What would you say is the primary mission of the agency/institution in which you work?

For example:
- Adequate physical health
- Satisfactory emotional status and happiness
- Adequate occupational capacity
- Safety in the home, school, streets, and workplace
- Adequate educational experiences
- A satisfactory standard of living
- A nurturing community

B. Describe what your agency/institution does (activities) to carry out its mission.

2) What is the main role you play in the activities above? (Even if your role is indirectly supportive of the institution/agency mission, describe it.)

3) How did you come to choose the role you now play? What did you do before?

4) How do you assess whether you (as an individual and your institution/agency) is/are having an impact in the well-being described above? (How do you know when you are "doing good"?)

5) In doing the work you describe above, please explain whether you work: a) mostly alone; b) in concert with another agency or community organization; c) as part of a network or community coalition. What is it about your work that makes you spend your times this way?

6) What does "working together" mean to you in your day to day work? Referral? Consulting? Sharing information and resources? Planning and working together to solve agreed on problems?

7) Where do you think there is the greatest opportunity for making a difference in the well-being of member of your community right now?

---

* Developed for the Training for Interprofessional Collaboration Project (1996). University of Washington, Seattle, WA 98195.

Voices of Our Professions* Small Group Guidelines

1) Describe your interview results to each other. (5 minutes each)
Name roles of those interviewed here.

2) Identify the common threads among the responses of the various professionals... identify the differences. List at least one common thread for each item below...list at least one difference. (You will be asked to report these to the larger group.)

Agency/Institution Missions

Roles

Assessing Success

Nature of Work (together/alone)

Community Enhancement Ideas

4) Discuss the ramifications of such differences and similarities for interprofessional collaboration. Identify 3 major ramifications to share with the larger group.

---

* Developed for the Training for Interprofessional Collaboration Project (1996). University of Washington. Seattle, WA 98195.

E-4 ON CONFIDENTIALITY

- **Confidentiality is one of the thornier dilemmas of collaboration.**

Learning Objectives

2A. Identify key legal and ethical issues.
1E. Articulate the missions, structure, services, and language of participating collaborating agencies.
3E. Identify common organizational barriers to collaboration.
6E. Identify alternative degrees of precision in organizational rule interpretation.

Activity Description

Materials: Copies of "Confidentiality: A Professional's Perspective Interview Schedule."

Time: 2 one-hour sessions

Session One

1. Discuss the issue of confidentiality and information sharing, particularly the need to balance rights to privacy and the need to share information in order to benefit the client.

2. Review the Interview Schedule with the participants.

3. Each student is given the assignment to interview a practicing professional preferably in his/her own profession, but not necessarily.

4. Students are instructed to write a summary of the interviews to be shared with the class in Session Two.

Session Two

1. Students present the results of the interviews in small groups or to the whole group.

2. Facilitator asks for and records patterns, similarities, and differences across the professions based on the kinds, forms, exceptions, and conditions of information disclosure, and the process of consent.

3. Discussion: What are the collaborative challenges inherent in the differences of professional and organizational perspectives? Suggest possible ways of sharing information among collaborators?

E-4 On Confidentiality *p.2*

Related Readings

Joining Forces, et al (1992)
Manley-Casimir, M. & Hall, M. (1994), pp. 63-77
Melaville, A., Blank, M., & Asayesh, G. (1994), pp. 47-65
Winer, M. & Ray, K. (1994), pp. 95-114

Related Activities

A-3 A Collaborating Effort; **E-1** Code of Ethics;
E-3 Voices of Our Own Profession; **E-5** Getting to Know You

Confidentiality: A Professional's Perspective Interview Schedule*

1) Name and job description of person interviewed

2) In the course of your work, do you deal with information about your clients about which you must then maintain confidentiality standards? If so, describe the general kind of work where confidentiality comes into play, and describe a situation where this has been an issue.

3) What rules, regulations, statutes, professional codes, etc. are the source of the confidentiality standards which you follow? (If you have materials that describe these rules or codes might I review them, or where might I find them to review?)

4) What is our best understanding of the rules/codes/ particular limitations on sharing information with other professionals?

A) What kind of information is covered by the statute? (For example, it may permit release of names, but prohibit release of information about services provided.)

B) What form of information is covered? (For example, it may prohibit release of documentary material, but no oral conversations about services to a client.)

C) What exceptions are present? (For example, it may identify other entities to whom information can be released or certain instances, e.g. danger to health and safety, in which it can be released.)

D) What conditions apply to disclosure? (For example, it may specifically provide that information may be released only to other agencies with similar standards of confidentiality.)

E) Who holds the right to consent to release information generally held confidential? (For example, it may specify that for a child under 18, consent is held by the parent.)

F) What is the penalty for violation of the statute/rule/code?

5) Is there currently a release form that, when signed, allows you to share information about a given client with other professionals? (How may I obtain a copy?) How was the form developed? When does the form generally get used? If there isn't a form, what is your point of view about the need for such a release?

A) When does the form generally get used?

B) If there isn't a form, what is your point of view about the need for such a release?

6) What kind of training have you had to prepare you to act responsibly in relation to the issue of confidentiality?

7) What else might you tell me that you think is important about the issue of confidentiality and your work?

---

* Developed for the Training for Interprofessional Collaboration Project (1996). University of Washington, Seattle, WA 98195.

E-5 GETTING TO KNOW YOU

◆ Though social service professions have a lot of similarities, there are also many differences in the language and approaches to both the process and the products of their work. Interprofessional understanding is a necessity for collaborative work.

Learning Objectives

2D. Students will gain an understanding of the interprofessional missions, structures, and services represented in the class.
2D. Students will be familiar with the language of the various social service and educational organizations.
8D. Students will identify the similarities and differences in rules and restrictions of various interprofessional groups.

Activity Description

Materials: Newsprint, crayons, pens, "trade" magazines with pictures
Time: 1 hour

1. In small groups composed of participants of one profession the students create a word and picture description of their profession. Include the clients, the services, the service providers, the service providers' relationship(s) to the clients, the possible values and ethics of a practicing professional, the institutions, the goals of the institutions, the institutions' relationship to society, history, etc.

2. Groups also create a list of often used words and acronyms which are important to understand in order to practice in the profession.

3. Make presentations of professions to the whole class.

4. Define and discuss differences and similarities in mission, structure, resources, language, and roles, values, and ethics.

Option: Create a list of potential barriers to collaboration inherent in the profession.

Note: Each group would benefit from at least one or two experienced professionals, but research is not required here. Descriptions developed are from the point of view of the students.

E-5 Getting to Know You *p.2*

Related Readings

Harbaugh, G. (1994). pp. 11-31
Gray, B. (1989). pp. 26-54
Melaville, A., Blank, M. & Asayesh, G. (1993). pp. 5-18; 35-45
Winer, M. & Ray, K. (1994). pp. 71-114
Joining Forces, et al. (1992)

Related Activities

A-3 A Collaborating Effort; **A-4** The Competent Collaborator; **E-1** Code of Ethics; **E-2** Acronym Jeopardy; **E-3** Voices of Our Own Profession; **E-4** On Confidentiality; **E-6** Stakeholder's Market; **F-5** Agency Scavenger Hunt

E-6 STAKEHOLDERS' MARKET

◆ **The selection of the stakeholders in a collaborative group is based on the needs of the client/family/case and will determine the success of the effort. However, there are personal and organizational barriers that often hinder stakeholder involvement.**

Learning Objectives

4B. Participants will be flexible, adaptable, and tolerant of diversity of values, needs, and resources.

2F. 1E. Participants will be knowledgeable about various agencies, positions within the agencies, and interagency connections.

2E. Participants will use a decision making process for the selection of stakeholders in a collaborative team.

4E. Participants will encounter some of the barriers and difficulties in the initiation of a collaborative team.

Activity Description

Materials: A list of community organizations, government agencies, and individual contacts, interview questions.
Time: variable

Day One

1. In class each participant chooses an agency or organization to research. During the week s/he must interview the suggested contact or someone at the same level at the agency or organization. (Time: variable)

2. In class, in teams of two or three, students are given a case study to analyze together. Each team is given a different case study. These teams are the Initiating Teams and, at this point, must tentatively decide the possible resource needs and stakeholders applicable to the case study. (45 mins.)

Day Two—Simulation (1 hour 30 minutes)

1. Each participant reports to the whole class the results of the agency/organization interview. S/he also takes on the role of someone at the agency/organization and writes the job title and possible resources on the board.

2. Each team discusses and chooses the available stakeholders and resources.

3. A member of the initiating team describes the team's case and asks for the participation of the stakeholders whom they have decided should be a part of the collaboration. Stakeholders may decline or accept based on their interests, values, resource, time and energy limitations, organizational restrictions, supervisor restrictions, etc.

3. The members of the team may try to bargain, persuade, make alternatives plans, etc. in order to develop the best team possible.

4. Share the cases and collaborative team configurations with the class.

E-6 Stakeholders' Market *p.2*

Discussion

1. **How did you determine which stakeholders would be most helpful?**
2. **Were there some agencies and representatives which were more "popular" than others?**
3. **Were there bargaining/persuasion techniques that were successful?**

Related Readings

Winer. M. & Ray. K. (1994). pp. 45-69
Melaville. A., Blank. M. & Asayesh. G. (1993). pp. 19-33
Gray. B. (1989). pp. 64-70

Related Activities

A-1 Constructing Cases: **A-2** Group Size Decision Making: **A-3** A Collaborative Effort: **D-5** Visioning for a Collaborative Project: **A-4** The Competent Collaborator: **D-3** Stakeholder Mix-up: **D-7** Visions and Missions: **F-5** Agency Scavenger Hunt: **E-1** Code of Ethics: **E-2** Acronym Jeopardy: **E-3** Voices of Our Own Profession

204

E-7 PROFESSIONAL FACT OR FICTION

♦ **We all have assumptions and beliefs about certain professions which are the basis of our emotional and intellectual responses to both the practices and individuals of that profession. Some perceptions are valid, others are less so. Successful collaborations need a clear idea of participating professional visions, missions and values.**

Learning Objectives

1E. Students will articulate the missions, structures, services, and language of collaborating professions and agencies.

Activity Description

Materials: blackboard and chalk or large paper and markers

Time: 30-45 minutes

1. Brainstorm all of the factual information, assumptions, stereotypes, and beliefs that the class has about the goals, values, structures, services, and professional/client relationships in a particular profession represented in the class or collaborative. (10 mins.)

2. Make three columns of information: FACT, FICTION, UNKNOWN. Through discussion categorize all of the class statements into one of the columns. (15–30 mins.)

DISCUSSION (10 mins)

3. What assumptions can be made based on the factual information? What is the impact of that information on collaborative work?

4. Theorize on how and why the fictional or stereotypical ideas may have developed. What might be the impact of the fiction on collaboration and on working with clients?

5. Plan a method of getting clarification on the remaining questions about the profession.

Related Readings

Melaville, A., Blank, M. & Asayesh, G (1993), pp. 35-45
Harbaugh, G. (1994), pp. 11-21
Casto, R.M. (1994), pp. 139-154

Related Activities

B-3 Walk Your Talk; **E-3** Voices of Our Own Profession; **E-5** Getting to Know You; **E-6** Stakeholder's Market

205

E-8 A BETTER WAY

◆ **Individuals and families fall through or get stuck in the web of social service agencies. Collaboration offers an alternative that creates a supportive network.**

Learning Objectives

1E. Students will identify the missions and services of in the fields of education, nursing, social work, public administration, and public health.

3E. Students will identify common professional barriers to collaboration.

Activity Description

Materials: The script "A Better Way"

Time: 45 minutes

1. This play was prepared by the faculty to provide an orientation to the need for collaboration in the social service, health, and education professions.

or

2. An outline of the play can also be presented to the students, who would then write the script in small groups of students in the same discipline or profession.
   a. **The students choose an individual to present the script of their designated profession.**
   b. **Or the students present a scene in which they present a discussion of a group of professionals (Be sure that it doesn't go on too long)**

Related Readings

Melaville, A., Blank, M. & Asayesh, G (1993), pp. 5-18

Harbaugh, G. (1994), pp. 11-21

Manley-Casimir, M. & Hall, M. (1994), pp. 63--78

Casto, R.M. (1994), pp. 139-154

Related Activities

B-1 Reflective Journal; **E-3** Voice of Our Own Profession; **D-9** A Healthy Vision

A Better Way

A satire for people in the helping professions who are about to try collaboration

Written and performed by
Mary Stone Hanley
Sue Lerner
Nathalie Gehrke
Kathryn Barnard
Michelle Bell
Ted Teather
Richard Brandon

Training for Interprofessional Collaboration
University of Washington
Seattle, WA 98195
1994

A Better Way*

Characters

Connie the Client
Rita the Recreation Director
Billy the Grocery Bagger
Alice the Apartment Manager
The Teacher
The School Nurse
The Public Health Nurse
The Social Worker
The Policy Man

The setting is any time, any place.
Each character carries appropriate props and wears a hint of a costume.

CONNIE

Hi! My name is Connie. I'm 34 years old. I have three children--Sara, she's three; Freddy is 7, and Gloria, my oldest, is 16. I'm a waitress at Mabel's Diner out on Highway 99. The money's not much, tips ain't either. But between the money from my job, some money my boyfriend gives me, and food stamps, me and the kids, we get by.

When I was younger I thought I would be one of those fancy chefs, you know. Make lots of money. I like to cook; pretty good, too. But, being a waitress is all the farthest I got. Soon as I had Gloria I had to drop out of school, even though I was almost finished. I had to work to take care of my baby. My mama wasn't any help. She was too busy drinking. So, it was all on me. That was okay, though. I loved being a mom. Gloria was real pretty---and smart! She could read at two years old. I was real proud of her. Still am. Then, when my other babies come along, I was just as happy with them. The joy of my life.

The only problem is that sometimes I feel really guilty, you know? Because sometimes I'm just not a good mom. No matter how I try sometimes I feel like I just can't get nothing together. We call it my "spells". Mama's having one of her spells---that's what the kids say. When I'm having a spell I can't get out of bed. I can't do nothing. All I feel like doing is crying, and I do, all the time... Sometimes I don't even want to get up to eat, you know. I just pull the covers up over my head and cry. I don't know why or what it is. Sometimes, my spells, they last a week. One time it went on for a month! I get ashamed when it happens; there's nobody to take care of the kids---except Gloria. She's been my right arm. When I have one of my spells, she's right there, helping the kids, taking over for me.

---

* Developed (1994) for the Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

A Better Way* cont'd p. 2

But, not this time. I work at night. We're an all night diner. So sometimes I only see Gloria in the morning for a minute before she goes off to school, then again on weekends. It ain't the best, but it'll have to do. Anyway, my boyfriend, his name's Bill, he's been staying with us for a month and helps the kids at night when I'm not home. So I don't feel so bad anymore. Well a couple of weeks ago I felt one of my spells coming on. I told Gloria and she acted real funny. She didn't even want to talk to me. She left the house, and she slammed the door. She's never been angry with me. Like I say, she's my right hand. We're best friends.

Bill says she's been running around with some new kids in the neighborhood. Bill don't like them. He says all they do all day is hang around on the street corner, acting loud and rowdy. He said one day he had to go down there and get Gloria to do her chores. I never had to do that before. She was always helpful, you know.

Anyway, I went to lay down. I was in bed for two days and Freddy come in. He told me that Gloria wasn't home and all he had to eat was dry cereal. I asked where Bill was and he ain't been home either. I came down here to talk to y'all because I'm real scared. I don't know where Gloria is, or Bill either. I came down here to tell you this, but I need to be in bed. I don't feel good at all. Not at all. I guess I'd better try to get some help, but where do I go? Who do I talk to?

COMMUNITY MEMBERS
Can be played by one or more cast members

RITA the RECREATION DIRECTOR

(Bubbly) Hi there! I'm Rita, the Recreation Director for the City School District. And I love to play! But, I'll tell you, recreation is not what it used to be. I used to come in ready for games and playing and fun, fun, fun! But, that was then and this is now. You know what I do now? I teach social skills. I have some kids that you can no more send out to play than fly. They would kill themselves trying to figure out who's on first base. And night! At night until 2 am every weekend, I'm here with late night basketball. There are kids here with no where to go. They'd just hang out all night long if I didn't have to close it down. You know, I wonder what their parents are thinking. I wonder if they even know where their children are. (sits)

---

* Developed (1994) for the Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

BILLY THE GROCERY BAGGER

(prop: grocery bags) Hey there! I'm Billy the Grocery Bagger and boy do I got a problem. I got all these new foods coming into the store and they're all so strange. I don't know where to put them, I don't even know how to say some of them. The people who come in here to buy this stuff, they seem nice enough, but they don't speak English well enough to let me know what it is they want. And the worse part is that they don't seem to have any friends or be able to get hooked up with anything that's going on in the community. I'd help them if I knew what to tell them, but I don't speak their language, and I wouldn't know what to tell them if I did. It's a shame, you know. Seems like such nice people, too. (sits)

ALICE THE APARTMENT MANAGER

Good afternoon, everyone. My name is Alice and I'm the apartment manager at Seaview Apartments. I've been living and working there for 20 years now. Times sure have changed, though. You know, 20 years ago people lived in my building for years and years, hardly had any turnover. Today! Pshaw! Today everybody's moving all around. You know, last month I had a 25% turn over. Can you imagine? All those people moving in and all those people moving out? And my poor little staff! I got 2 people working for me. They're trying to keep the place clean and painted and they have been just overwhelmed! (Leans in confidentially) I tell you one of those units was really trashed! I think there were some drug dealing going on in there, I don't know. I called the police, but they didn't do any thing about it. And then there's the kid in 112. (She is interrupted by the Policy Man carrying forms)

THE POLICY MAN

Speaking of the kid in 112, did you get the paperwork in on her? I've got to have the papers completed!

ALICE

But, But...

THE POLICY MAN

No buts, now! You're using public money for this housing, and we've got to hold you accountable! (sits)

---

* Developed (1994) for the Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

ALICE

Paperwork! I think I might drown in paper work. They ought to give me and the trees a break and cut back on some of that paperwork! Well I better get on up to 112. You know, there's a kid up there, about 11 or 12 years old. The boy never goes to school. NEVER! It's shameful, the poor thing. What's going to happen to him? I feel like I should tell somebody, but who? You know there's so many questions a body has about what's going on and who to talk to. But all you get from the officials is more paper work. There has got to be a better way. (sits)

THE TEACHER

(Carries a "Standardized Test", a large Key, A Smart Meter and Behavior Meter, a Diploma, and a pointer) Good afternoon class. I'm your teacher. That's all I ever wanted to be is a teacher. I love teaching. My name is Mrs. Hergke. Let me spell that for you so that you can write it correctly in your Urban High School notebooks. You DO have your notebooks, don't you? And a pen? Not a pencil--I don't loan pens; you must bring your pens and learn to be responsible. That name again is Hergke. H as in humorous, E as in excellence, R as in reliable, G as in gracious, K as in kind, and E as in "eyes in the back of my head". Hergke. Say that with me, now. Hergke---once again---good. Write that down, memorize it. There'll be a quiz tomorrow. You can count on it.

Oh, forgive me. I get up in front of a group of people and I fall into my usual routine. 26 years of teaching high school English to 6 classes a day, 150 students a year, does that---you fall into a pattern for your sanity.

I have high expectations of the students at Urban High School. They can do anything--learn anything. We'll work together, even if the walls are falling down around us, and we don't have enough books to go around, and one computer for 30 students, no paper, no field trip budget---need I go on?

But, then other people have expectations for these students. **The State:** Now they expect me to see to it that students do well on the STANDARDIZED TEST. (Holds up test) Well! Ha!! They think everybody should score above the mean! Try that one? And then the **Parents**! It seems to me that they only have two questions--Is Johnnie or Joanie smart or dumb; good or bad? (Hold up smart Meter and Behavior Meter) Just show me that my child is smart and good, and forget the learning.

---

* Developed (1994) for the Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

And the **Kids**---You. Hey, I know, I didn't just fall off the turnip truck. They expect a diploma. Skip the learning, just gimme a ticket outa here.

School Administrators. They expect control. Speak loudly and carry a big stick. Keep those kids in line here at Urban High. Keep the lid on.

And I do, but it's a lonely job---surrounded by crowds, but so lonely. I work alone. (hold up key) Every teacher works alone. Now, into all of this walks Gloria. So bright, so fragile---so seldom in class. Gone all last week. She says she has to watch her little sister for her mom. What's going on that the mom would expect that of a sixteen year old?

The poems Gloria writes could break your heart... --Her mom's depression; the leering boyfriend; her longing just to be a kid instead of a surrogate mother. I'm so worried about losing her. She must finish school. I know we could get her a scholarship to a good college, if we could just get her through. I know that there are a number of community businesses and organizations offering scholarship support to local students like Gloria.

I caught the guidance counselor in the hall. She agrees that there's a problem with attendance, but she's so swamped, 350 advisees. What can one person do? I tried to call Gloria's mother. I got a busy signal all day, then a gruff man answers later---"She ain't here. She's at work." Now what?

What's best for Gloria? How can I do something for Gloria when I suspect she's not the problem? But, what IS the problem? And then, if I do figure out the problem and something to do, where do I find the time? Gloria is just one of the 150 needy students I care about and teach each day. I have no time. (sigh)---and now I have no Gloria. There has got to be a better way.

THE NURSE

Well, hello, there. I'm the school nurse--want a Band-Aid? (Has a hand full of Band-Aids that she holds out) I got Band-Aids for everything. Got a headache? I got a Band-Aid. Got the flu? I got a band aid. Got a hang nail? I got a Band-Aid. Got lice, a cut finger, clap, chlamydia, pink eye, pregnancy or psychological problems , I got a Band-Aid. Well what did you expect? I'm only here once a week. (Passes out the Band-Aids) Now I want you to keep these Band-Aids all year. Keep them in your pocket or purse. I will be collecting them in June. Today, we're going to talk about body parts... (She is interrupted)

---

* Developed (1994) for The Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

THE POLICY MAN

Do you have the permission papers for these students? You are not allowed to even have them in this room without the correct forms and paperwork.(sits)

THE NURSE

(sigh) Like I said, I'm the school nurse for Washington High school with 1500 students, for Jefferson Middle School with 350 students and Madison Elementary School with 250 students. You know if they'd ever told me at the university that I would have 2100 clients at the same time I'd have stayed in school.

What's my day like? Well this morning I had a girl who had a blood sugar level that ranges from 750 to 60---normal is 80-120. So she comes in and she doesn't have any money. She took her insulin in the morning and then comes to school without any money for lunch. I check her blood sugar and it's 45! She could pass out. So, what do I do? What can I do? I give her the money so she can eat lunch. Then a teacher comes running into my office. She's shouting, "Help, help me, Harry's having a seizure in my room! What are we going to do? What are we going to do?" She's pretty hysterical, never seen a seizure before. So, I go down to the room and there's Harry still in a grand mall, mouth frothing, body rigid. The other kids are standing around scared to death. So I have to spend 45 minutes dealing with that seizure and calming everybody down. Then I have to call the boy's mother and tell her that for the first time her boy's had a seizure. I try to deal with her shock, anxiety, and horror.

Then this girl comes to the office complaining of being nauseous. "I've been sick every morning this week" I thought Oh, no, not another teen-age pregnancy. I'm going to have the city check the water! I think they've got sperm in that water! There have been 55 pregnant girls this year! It's an epidemic.!

Then, too, kids are constantly coming into the office because they feel sick. Of course, you know that there is a connection between the mind and body. So, I spend a lot of time talking with them. I do part of the work of the social worker. But, that's okay I taught my social work friends how to give out Band-Aids. And drugs!... I don't know, it's so depressing. The teachers tell me how the kids go out to get high, and so many of their parents are on drugs. I don't know; it seems impossible.

Let me tell you about this case. I can't mention any names, because confidentiality is a

---

* Developed (1994) for The Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

big issue. You know we can't share information with other agencies about the same case. So I would never use the client's name. Well, the teacher asked me to talk to this mother. The mother came in, she was very upset. Her daughter's been missing for days. Just broke my heart.. Here's a mother, 34 years old, 16 year old daughter. The woman has been working hard, scraping things together,--not on welfare. Her daughter's already 16 and not pregnant! What strengths! I really praised her for the good job she's done. But, when I took her history it was very obvious to me that she needs help. But, where's she going to get help? No insurance, the mental health workers at the school are here for only 4 hours a week and serve the kids, not parents. What can we do? She's worried about her daughter, and I am too. It's all a part of the bigger picture in our communities today. Teachers having behavior problems in the classroom, social workers are scared; nurses are spread thin. WE are all overwhelmed by the needs of kids today. There has got to be a better way. (sits)

THE PUBLIC HEALTH NURSE

Hi, I'm Michelle and I work at the local public health clinic. I am so concerned about the number of teen aged girls in our community who get pregnant. Did you know 1 in 10 girls has a baby before they reach the age of 18. And recently we've received information about an increasing number of kids who are contracting sexually transmitted diseases of all kinds, because of unprotected sex. (Shakes head) We don't know what to do about it. (She's interrupted)

THE POLICY MAN

(with a can opener in hand) It's all very simple!. You just open a can of worms and sort things out. The boys here, there girls over there. Just work the policy! Easy as 1, 2, 3 (sits).

THE PUBLIC HEALTH NURSE

We've got the policy! It's the resources that we don't have. Everyday young women come into the clinic asking about birth control, asking about STD's, and some of them are as young as 13 or 14 years old. I wonder if they have anybody to spend time with them and really talk to them about what they are doing. But, our job at the clinic is very limited. We can offer information, and birth control methods. But, I never feel like that's enough. We're sending young women, and young men too, out with birth control and not enough information and education about life and choices. And I always feel like I'm dealing with maybe 2 out of 200 that are in need of the information. And to me, it's just not enough. Today, a young woman came into the clinic. About 16 years old. She didn't say very much--and we don't ask much about people's situations. Privacy and confidentiality, you know. And after all we're there to provide a certain kind of service. --A certain kind of service. Anyway, this girl seemed very unsure of herself. And when I asked her about her living situation--her address and her family---she was really circumspect about it. She didn't want to share any information about it. She just said that her mother was kind of sick, and she was spending more time away from home than at home. There were too many things there for her to deal with. And I thought, as she went through her exam, and I gave her the materials that she came for. --What's going to happen to her after she walks out of that door? Who's there to teach her to think things through? Who's taking care of her? Will she be one of those statistics? Another teen mother that everybody's so worried about? But, I don't know what else to do. I work in a clinic that provides a very limited service, and we can't go beyond that, you know. That's not a part of my jurisdiction. But, I wonder if there isn't a better way. (sits)

---

* Developed (1994) for The Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

THE SOCIAL WORKER

(Wearing a baseball cap) Hi! My name is Ted. I'm the contract social worker from the local mental health center....

THE POLICY MAN

Wait a minute! Wait a minute! You are the 4th professional. We can't have four helpers working with this one mother and child. We need a case manager! (to a member of the audience) Aren't you a case manager? (Gives forms) Please give this to George, to give them to Pat, to give them to Stanley, to give them to Gracie, to give them to Connie. And have and Gloria sign them in triplicate. (Gives volunteer a baton) Here, have a baton so that you can orchestrate the whole thing. (sits)

THE SOCIAL WORKER

(long pause and sigh) I repeat, I am the social worker at a local mental health agency and I am contracted to work 4 hours a week in the schools. I do a number of things and I thought I'd like you to take a look at them. (Turns the cap to the side.) HEY!! My name's Ted, and kids like me. You know why? I reduce the distance between myself and them. Put my hat on the side like this, get down on the same level. (Squats in front of audience member, with a BIG smile on his face) I make eye contact (Looks into the eyes of the audience member. Smiles) You like me? (response) I like you. (stands)

---

* Developed (1994) for The Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

And I know what happens to kids. You know what happens to kids? ---MOTHERS! Mothers mess kids up.

You know what else happens to kids? TEACHERS! Teachers mess kids up. You know who else messes kids up? POLICY PEOPLE! The stuff they come up with really messes kids up. And you know who else? NURSES! Nurses mess kids up. Give 'em a condom, stick a needle in 'em, and everything's okay. Now, me, I know what kids really need. See, I read the classics. My favorite is Snow White. I sort of think of myself as the handsome prince. I have to work a while with (to Connie) wicked mothers and then I have to live with (to others) my savage sisters. But, I know how to rescue. I know what to do .

The other thing that social workers do is we know how to understand kids. When I think about Gloria I know how to understand her (pause, then slowly and distinctly) Attention Deficit Hyperactivity -DISORDER. (pause) Adolescent Adjustment-DISORDER, (pause) Post Traumatic Stress-DISORDER. It's not so hard.

So, I guess what I'd like for you to know is that if you know how to get to the same level with the kids, if you know who causes them problems and if you know what label to hang on them--you got it made! (proudly) That's why I'm a good social worker!

Sometimes when I get a little serious and I think about all of the things I'm asked to do in the schools in four hours/week' asked to work with kids individually and in groups. I'm asked to teach social skills.... I think about the hundreds of kids in the schools and I get to thinking about all the people that I work with and I get to feeling just flat buried....absolutely flat buried. I sometimes think in my wiser moments that my Snow White concept of social work doesn't quite fit with Gloria and Connie. And that makes me want to take an even harder look at what I do, and that adds to the burden of my job. Then sometimes I wonder about the way I think about kids. Maybe disorders don't get it done. Maybe I need to think about everything that Gloria's been able to do for herself.

---

* Developed (1994) for The Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

And sometimes I wonder about what I think about parents and other professionals. Maybe my wicked witch metaphor doesn't hold up. Is the nurse a wicked witch? Is the teacher a wicked witch? Is Connie a wicked mother? I think I need to do some thinking about that. Sometimes I think we are all just doing the best that we can do, and just literally, are getting buried when we try to do it. ...We're getting buried..... Gloria's not in school. Kids at home need tending to, and Connie's getting wiped out. (sigh) There's got to be some way better than this.(sits)

THE POLICY MAN

(carries a brief case, large books and manuals) I am Mr. Johnson--the public administrator, in case you hadn't noticed. And I'd like to share with you the tools of my trade. (holds forms) We've got forms for registrations so we can keep you accountable. (holds manuals) We have rules and regulations! Carefully worked out so that nothing gets out of line. (Holds up a thick budget spread sheet)And we maintain strict financial accountability. (leafs through) If it is not in a category, it does not get done. If it does not get done, it should not be done. If it should not be done,...Why do it? (drops spread sheet) But, public policy does not only stop at the limits of public administration! Oh, no! (removes mallet from brief case) When things are really bad and fall out of line, we know what to do! WE pass a law! (Pounds with the mallet) This meeting will now come to order. We have all of these people here. We have the nurses, the teachers, the health care system, the medical system, the social work system, the housing people, the schools. We have more and more administrators! So, it's overhead! So, why don't we pass a simple law, put it all together into one big PROGRAM! And then when we make it into a program we can save money and use our special tool (Removes ax from briefcase and waves it) THE BUDGET AX!

There's got to be a better way! We're all focusing on our own services, our own constraints on what we do. No one knows what the other's doing. AHA! No one's in charge! (pause, sigh) Does anybody have to be in charge? Maybe we could work together without somebody being in charge? Could we talk to each other? Maybe we could talk to the client together? And the family? And the community? And all pay attention to what the others are saying? Maybe we could work with community members

---

* Developed (1994) for The Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

and not just ignore them. Maybe public policy people could stop putting everybody in little boxes, sorting them out, holding everybody accountable for staying in their own little box. Maybe we could help people do the work and not just interrupt? Hmmm. Why do people feel so bad when we interrupt? We're just trying to be helpful...We are... aren't we? We're just maintaining accountability. It's the taxpayer's money.. It's got to be used efficiently...could there be a better way to use it? I don't know, but maybe we could recognize that none of us are experts. Maybe we can come together and learn together, and work together for a better way.

* Developed (1994) for The Training for Interprofessional Collaboration, University of Washington, Seattle, WA 98195.

F. COMMUNITY AND NATIONAL (SOCIO-CULTURAL) PERSPECTIVE

Students will identify, examine, and apply knowledge of socio-cultural patterns to increase the effectiveness of collaborative practice.

Students will:

1. Identify core American values and their impact on collaborative practice.

2. a) Identify community subcultures, community resources, leadership patterns, and socio-cultural differences within a given community context.

   b) Describe the impact of these factors on intrapersonal, interpersonal, group, and organizational processes.

   c) And apply this socio-cultural knowledge to assist interprofessional problem-solving for collaborative practice.

3. Demonstrate knowledge of a variety of strategies for gaining community commitment to selected collaborative goals.

F-1 CONCERNS/VISION/ACTION*

◆ Clear visions for social change are made by a thorough understanding of the community to be affected.

Learning Objectives

2F. Identify community subcultures, resources, leadership patterns, and socio-cultural differences within a given community context.

2c-F. Apply this socio-cultural knowledge to assist interprofessional problem solving for collaborative practice.

2C. Demonstrate the effective use of communication skills in collaboration.

Activity Description

Materials: Newsprint, crayons, and pens : prepared newsprint pieces labeled 1. Our Community. 2. Our Concerns: 3. Our Hopes /Visions for the Community: 4. Our Ideas for-Action

Time: 1 hour 30 minutes to 2 hours

1. Each individual member prepares a list of concerns within the community, i.e., issues of health, housing, education, social services, law and justice, citizen participation, etc. Be specific. (10 mins.)

2. In small groups students who work and/or live in the same community compile a combined list on newsprint of the concerns from the individual lists, leaving nothing out. Add any new ideas. (10 mins.)

3. The small group of students generates a word and picture description of their community on newsprint: highlight subcultures, resources, leaders, leadership patterns, and geographic descriptors. (30 mins.)

4. On another sheet of newsprint the same group creates a word and picture description of what the community would look like IF EACH OF THE CONCERNS WAS IMPROVED. Be specific. (20 mins.)

5. On newsprint describe at least one, if not more, possible projects that would help move the community from the concerned state to the ideal state. (15 ins.)

6. In the large group present the four posters and discuss the similarities and differences in the realities and visions of the communities. (30 mins.)

---

*Developed by Gehrke, N. (1993). Supervisors Seminar. Training for Interprofessional Collaboration Project. University of Washington, Seattle, WA 98195.

BEST COPY AVAILABLE

F-1 Concerns/Vision/Action *p.2*

Related Readings

Cowger, C. (1992). pp. 139-147
Gray, b. (1989). pp. 26-54
Himmeiman, A. (1992)
McKnight, J. (1990)
Melaville, A., Blank, M., & Asayesn, G. (1993). pp. 5-33; 47-76
Saleebey, D. (1992). pp. 3-17; 169-179
Sullivan, W. P. (1992). pp. 148-157
Winer, M. & Ray, K. (1994). pp. 6-17; 45-69

Related Activities

D-9 A Healthy Vision; **F-2** Vision into Action; **F-3** Images of Change; **F-5** Agency Scavenger Hunt

F-2 VISION INTO ACTION

◆ Change is made by people with a vision and a plan of action. Collaboration creates a rich and complex vision and process. However, complexity takes time.

Learning Objectives

5A. Identify and implement the stages of collaborative practice.

2a-F. Identify community subcultures, community resources, leadership patterns and socio-cultural differences within a given community context.

Activity Description

Materials: Visual model of an Ideal Community in *Together We Can* (p. 7), newsprint & pens
Time: 1 to 1 hour 30 minutes.

1. Participants read *Together We Can* pp. 5-18 as homework or in class.

2. In the large group discuss and clarify the attributes of the community model on p. 7. (10 mins.)

3. Small groups composed of participants from a single community then use the newsprint and pens to draw a model that best represents their shared vision of their own community. (10 mins.)

4. On another newsprint paper participants create a list comparing the real and ideal community attributes. (20 mins.)

5. The group brainstorms and writes down activities that members of the community might use to eliminate the discrepancies between the real and ideal, helping them to move toward the ideal. (15 mins.)

6. The small groups report to the large group on the nature of the discrepancies between their community and the ideal model, and the action ideas for change. The whole group discusses common themes and ideas in the models and activities. (20 mins.)

****If participants are college/university students with no ties to local communities, the "community" identified could be their college or university rather than our typical notion of a community because there are groups/agencies/departments on a campus that are analogous to typical community entities.**

Related Readings

Gray, B. (1989). pp. 131-196
Himmelman, A. (1992)
McKnight, J. (1990)
Melaville, A., Blank, M. & Asayesh, G. (1993). pp. 5-18
Saleebey, D. (1992). pp. 3-17; 169-179
Sullivan, W. P. (1992). pp. 148-157
Winer, M. & Ray, K. (1994). pp. 45-69

Related Activities

D-7 Stages of Group Development; **D-8** Sharing Visions; **D-9** A Healthy Vision; **E-6** Stakeholder's Market; **F-1** Concerns/Vision/Action; **F-5** Agency Scavenger Hunt

Visualizing an Ideal Community*

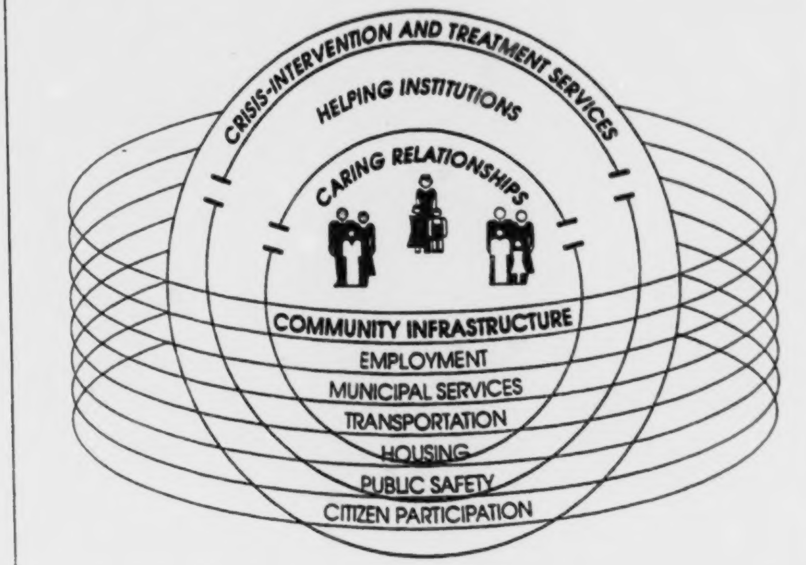

CRISIS-INTERVENTION AND TREATMENT SERVICES
HELPING INSTITUTIONS
CARING RELATIONSHIPS
COMMUNITY INFRASTRUCTURE
EMPLOYMENT
MUNICIPAL SERVICES
TRANSPORTATION
HOUSING
PUBLIC SAFETY
CITIZEN PARTICIPATION

Figure 1. A Vision of Communities Where Learning Can Happen

* Melaville, A., Blank, M. J. & Asayesh, G. (1993). *Together we can*, p. 7. Washington: U.S. Government Printing Office. U.S. Department of Education and U.S. Department of Health and Human Services.

F-3 IMAGES OF CHANGE

◆ **There are many ways that people can create change in society. Collaboration is one of the more effective and productive methods.**

Learning Objectives

3B. Learners will clarify there own values in relation to change and collaboration.
5C. Learners will verbalize or demonstrate alternative methods of change.
2B. Learners will recognize the importance of human empowerment in change.

Activity Description

Environment: Classroom with an open space: chairs arranged in an audience fashion. Case studies: "Teacher Notices Personality Change in Student," or Science labors Lost" or "A Case of Health Care."

Time: 1 hour

THE PROBLEM (20 minutes)

1. A volunteer creates a still life, the envisioned image of a community problem or dysfunctional situation, by physically posing as many members of the class or his/her small group that are needed in order to achieve the vision. One of the case studies provided may be used to frame or help create the still life situation

(**Note:** Case studies from previous learning activities or those in Section III: Case Studies can also be used.)

2. After the poser states the title of the creation, other onlooking members of the class may make comments or adjustments to the vision.

THE SOLUTION (20 minutes)

3. When everyone agrees that the vision is effective another volunteer poses the same group in a still life of the situation as it should be, in the *ideal* form.

4. As before, others may choose to make adjustments.

THE CHANGE (20 minutes)

5. Finally, another volunteer creates a series of two or three posed still-life vignettes (like frames in a film) that displays the process of change necessary to go from the first vision to the ideal vision.

6. Identify the factors necessary to create the desired visions? Does everyone agree on the methods of change? What are the differences and variations in ideas? What is the basis of the suggestions?

7. What is the individual level of risk taking involved in doing this activity? How is risk taking an aspect of collaboration?

OPTIONAL: Ask the students in the still life to put it into motion, moving in slow motion from one pose to another.

Related Readings

Boal, A. (1985), pp. 135-139
Himmelman, A. (1992)
Melaville, A., Blank, J. & Asayesh, G. (1993), pp. 5-18
Winer, M. & Ray, K. (1994), pp. 99--136
Saleebey, D. (1992), pp. 3-17; 169-179
Sullivan, W. P. (1992), pp. 148-157
McKnight, J. (1990)

Related Activities

D-7 Visions and Missions; **D-8** Sharing Visions;
D-9 A Healthy Vision; **E-6** Stakeholders' Market;
F-1 Concerns/Visions/Action; **F-2** Visions into Action Society.

Teacher Notices Personality Change in Student*

Jason B. was a real find for his school district. He loves to teach adolescents and was willing to leave his senior high school teaching job in a white middle classed neighborhood to take on two six grades in a complex metropolitan neighborhood. Before he began to teach in this new school he took a walking tour of the neighborhood it serves and found that the school drew from three distinct districts-- an affluent residential neighborhood near the river, a multi-racial transition neighborhood to the south of the river where many of the large old homes have been turned into apartments or rooming houses, and a high crime neighborhood with mostly black and Hispanic residents.

Billy, one of Jason's students, is from the last of these three neighborhoods. He comes from a single-parent home. He, his mother, and three siblings live in a three room apartment. The family is on welfare. Jason notices that Billy, whose attendance is sporadic, is never absent from school on a very cold day or on a rainy damp day when the cold is penetrating. He soon realizes that school is the only place where Billy can keep warm.

Billy is usually sullen. It is difficult to get him to respond to anything and sometimes he falls asleep in class, often breathing so loudly that the other students laugh. He is also scorned by the other students because of some large skin lesions which periodically appear on his face and neck. At these times Billy continually wears his coat and hood in class. But Jason figures he has more important things to do with Billy than argue with him about keeping his hat and coat on. For one thing, Jason has often noticed the smell of liquor and occasionally the odor of marijuana about Billy. Jason is also concerned because on four of the days when Billy came to school, Jason has seen him emerge from cars driven by different white men, all of whom are considerably older than Billy.

One day Jason noticed a change in Billy. He seemed more alert. The other students seemed to be more accepting of him. They joked with him, which they had never done in the past. Jason was pleased to see this change. Billy looked better. He was wearing new clothes, and his new jogging shoes almost lit up the floor around him.

One Wednesday , after a week of warning, Jason collected from each student a book that the class will no longer be using. Billy did not have his book and told Jason he had lost it. Jason asked him, "Are you sure? Couldn't it be under something?"

"Nope," Billy replied. "I ain't had it for weeks. It's gone, vamoosed."

"Gee, Billy, I'm sorry, but I'll have to make you pay for it. It's going to cost you six dollars, but you can pay me any way you want to—a quarter a week or anything that's convenient."

"Man," Billy drawled "I don't need to pay no quarter a week. " At that he reached into his pocket and pulled out a roll of bills that made Jason's eyes pop. He peeled a bill off the top, handed it to Jason, and said "Here. You got change for a fifty?" Jason noticed that the bill below the top bill was another fifty.

He asked Billy, quite dismayed, "Where did all that green come from, Billy?"

Billy smiled broadly, winked at Jason, and said, "I got me a part-time job, man, a part-time job. Dig?"

*** Permission for use (1996). Adapted from Shuman, R. Baird, (1989). *Classroom Encounters: Problems, Case Studies, Solutions*. Washington, D.C.: National Education Association, NEA Professional Library, 1989, for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.**

Teacher Notices Personality Change in Student* cont'd p. 2

The Roles:

You are Jason, the teacher. After speaking with the school counselor, you call for a meeting of school professionals who may have a part in dealing with young people like Billy and his family. You think it important that Billy and Billy's mother be included in the meeting. You recognize that Billy's situation is too complex for you to handle alone.

You are the school counselor. You have worked with the special education teacher to place Billy in Jason's class, but have an overwhelming number of student advisees (there are only two counselors of school of 600 + students. You hold Billy's records, have met with him about his absences, but are not aware of the specifics of his learning disability. You have ideas, but little time. You do make time to arrange for the meeting, an it takes six weeks to actually pull it off.

You are the school nurse. You have seen Billy and are aware of the skin lesions, but don't know whether the family has sought medical help for the problem, even though you sent a note with him advising them to do so. You know the family could receive medical care at the local clinic, but are not sure how to encourage them to use the clinic. Your visit with Billy also gave you concern about use of alcohol in the home, but this seems hard to pin down.

You are Billy's Mother. You have come to the meeting at the school with much difficulty, because you have to find someone to stay with your younger children, you had to take two different buses to reach the school, and you are unfamiliar with anyone at the school. English is your second language and you have attended school only to the 8th grade yourself, so this meeting is uncomfortable for you. Billy is precious to you and you are worried that he is growing up too fast, and you have no control.

You are the special education teacher. Because Billy is a sixth grader, this is the first year you have worked with him. He spends all but one period of the school day in regular classes, three hours of which are with Jason in the Block. You see Billy as you consult with Jason in his class, and during the single period in which he works in the resource room with you and/ or the paraprofessional. You have the records of his earlier work in elementary school and have developed the IEP which guides Billy's program. You had to write it and send it home for Billy's mother to sign because she was unable to come the meeting at the school.

You are Billy. You speak English better than your mother, but you have some reading problems that make doing school work difficult, so you don't do it. You are 14, and should probably be in 7th grade, but you had to repeat fourth grade, about which you still feel great anger and humiliation. You spend an increasing amount of time on the streets with a circle of "friends" from the neighborhood. You are making money now and being shown respect. School seems increasingly a waste of time.

---

* Permission for use (1996). Adapted from Shuman, R. Baird, (1989). *Classroom Encounters: Problems, Case Studies, Solutions*. Washington, D.C.: National Education Association, NEA Professional Library, 1989, for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

228

Teacher Notices Personality Change in Student* cont'd p. 3

Questions to be Answered by Your Group

Be thinking about the following:

- **What could this assembled group do?**
- **What should they talk about?**
- **Who should lead the meeting?**
- **Who does this group need to connect with to meet Billy and his family's needs?**
- **How could that connection be made?**

Pretend you are the members described above: Engage in a meeting.

When you have simulated the group meeting for a while talk about the following:

- **What is real about the situation you are simulating? What is not typical?**
- **What information do you NOT have that would be necessary for these individuals and this group to plan an action for the good of the family?**
- **What kinds of knowledge and skills do you recognize you DO HAVE that are useful to a meeting of group like this?**
- **What kind of knowledge and skills do you know you DO NOT HAVE that would be needed?**
- **What policies & procedures does your own school have in place to deal with situations like this?**
- **What does the text *Together We Can* offer to frame this situation?**

---

* Permission for use (1996). Adapted from Shuman, R. Baird. (1989). *Classroom Encounters: Problems, Case Studies, Solutions*. Washington, D.C.: National Education Association, NEA Professional Library, 1989, for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

Science Labors Lost*

Jeremy John is a nine year old third grader at Washington Heights School. He's an average student, a very social child, well liked, well groomed, and generally respectful of authority and his peers. He comes from a middle income family, with three other siblings. Jeremy is the middle child, and is the only boy. His mother is very active in the PTSA. She has been president for the last two years. His father works in insurance and is away from home often. Consequently, he is unable to be really involved in the children's education.

Jeremy has been working very hard on a project for the science fair for the school. His mother, as a member of the PTSA, has helped a lot also. His sisters have been also working on their projects at home and in their classes, so it has become a real family affair. Jeremy's model of a volcano was his own creation. He's very proud of it.

Jeremy's sisters are all excellent students. They are all in the gifted students program. Jeremy has never felt that he could be as smart as they were. But, he has done really well with the volcano project. His sisters and mother have been really impressed. Finally, Jeremy has found something that he does better than they.

One day in class, after he had brought the project in to be graded, two of his classmates started to wrestle. They knocked Jeremy's volcano on the floor. Then one of them fell on it and smashed it. The project was ruined before the science fair even happened. Jeremy was so angry that he picked up the remnants of the project and smashed it down on one of the boys head, drawing blood. Then, before the teacher could get to him, he ran around the room and knocked over and ruined three other science projects.

When the teacher finally got hold of Jeremy he was shaking and crying. One boy had a scalp wound, and the room was in a mess.

Developed by Hanley, M. S. (1995) for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

A Case of Health Care*

You are a health care educator in a medical clinic where there is a high percentage of Southeast Asian immigrants. You know there is prostitution and traffic in drugs going on, but no one will talk about it because of the language barrier and because of the community code of silence.

Your major concern is the rising incidence of AIDS among the residents coming into the clinic in the late stages of the disease. You want to try to get some education on AIDS to the residents, but again the language barrier is a problem, as well as a cultural ban on talking about sex and sexuality.

Is this a situation that should be handled collaboratively? If so, who should be involved?

Should a possible collaborative team bother to create a vision statement, or just get right down to addressing the crisis?

Developed by Hanley, M. S. (1995) for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

F-4 QUESTIONS ON DIVERSITY

♦ **Diversity exists on multiple levels and can be overwhelming to comprehend and handle globally. An examination of the issues of diversity in each case and in each collaborative can help to make diversity more manageable.**

Learning Objectives

2F. Students will work on a plan to address the socio-cultural issues raised in a case study.

2b-F. Students will develop questions necessary to delineate the impact of socio-cultural issues on intrapersonal, interpersonal, group, and organizational process in a case study.

Activity Description

Materials: Handouts/Overheads: "Contrasting Cultural Values" and Communicating Across Cultures." Case study use (may also want to use one of your own or See Section III: Case Studies), newsprint and markers

Time: 1 hour

1. Students are divided into small groups of 3-4 people and given a case study, such as "No Way Out?" or "Home Again" to review. Each group chooses a recorder and a reporter. (5 mins.)

2. The students then identify and discuss issues of culture, race, class, gender, community, etc. which would affect the resolution of the case.

3. As a part of this discussion the students should write down any socio-cultural questions they may have about the people or community in the case study. Questions should be recorded whether students already have the answers or have no clue to the answer. "What we need to know about social and cultural differences in order to effectively resolve the issue" might be a heading that would clarify what types of questions to include. (25 mins.)

4. Students review, discuss, and tentatively answer the questions they raised. They identify five of the questions most necessary to the resolution and two questions that the group was unable to answer. (10 mins.)

5. Regrouping into the whole class a reporter from each small group reviews the issues and the 5 questions most necessary to resolve the situation. The class compares and discusses the questions and answers presented. (20 mins.)

6. List questions which could not be answered and discuss any commonalties and patterns. Review handouts/overheads with the students (**Note:** The overheads/handouts can be utilized at any time during this activity to frame or move the discussion along)

Related Readings

Melaville. A.. Blank. J.. & Asayesh. G. (1993). pp. 23-33: 67-76
Winer. M & Ray. K. (1994). pp. 21-35: 45-68
Fennimore. B. (1994). pp. 45-62
Goldstein. H. (1992). pp. 27-38

Related Activities

A-1 Constructing Cases: **A-3A** Collaborating Effort: **B-5** Diversity Observation: **C-7** Meet Someone Different: **F-6** Cultural Observation

CONTRASTING CULTURAL VALUES*

COLLECTIVIST CULTURES	INDIVIDUALIST CULTURES
1. Being	Doing
2. Family/group/community emphasis	Individual Emphasis, Privacy
3. Interdependence	Independence
4. Cooperation	Competition
5. Person-to-person orientation	Person-to-Object Orientation
6. Authoritarian orientation	Democratic orientation
7. Hierarchy, rank, status	Egalitarianism
8. Extended family	Nuclear family/blended family
9. Rigid family member's roles	Flexible family member's roles
10. Favoritism toward males	Increasing female roles
11. Formality	Informality
12, Indirectness/Ritual/Face	Directness/Openness/Honesty
13. Suppression of emotions	Expression of emotions
14. Fate	Mastery of one's own future
15. Balance and Harmony; Tradition	Change
16. Patience, modesty	Assertiveness
17. Personal Interaction Dominates	Time Dominates
18. Spiritualism, Detachment	Materialism

---

* Adapted from Kohls, L. R. (1984). *The Values Americans Live By*. Washington D. C.: Meridian House International.

COMMUNICATING ACROSS CULTURES*

1. When communications cause conflict, be aware that problems might have more to do with style or process than with content or motives.

2. Individuals must learn to understand different styles and may even benefit from expanding their own repertoire.

3. Communicating well across cultures requires extra effort. Good communication requires commitment & concentration.

4. Although culture affects differences in communication patterns, there are many exceptions within each group depending on class, age, education, experience, and personality.

5. Talk about the process of communication; look at what might be getting in the way of understanding. Constantly ask, "What's going on here?" and check your assumptions.

6. Avoid jokes, words, and expressions that are hot buttons.

7. Use language that fosters trust and alliance.

8. Respect differences; don't misjudge people because of the way they speak.

*** Permission for use (1996) for the Training for Interprofessional Collaboration, University of Washington. Adapted from Griggs Productions (1987) Valuing Diversity®, Part III: Communicating Across Cultures. Part of a Seven Part Videotape Series: Valuing Diversity®. San Francisco (415) 668-4200.**

No Way Out?*

Dolores is a 16 year old Native American woman who is three months pregnant. She came into the community medical clinic with a black eye and bruises on her arm and back. She says she fell, but she has a 17 year old boyfriend, Jesse, who has beaten her in the past. Both of them are alcoholics.

Dolores is living with her mother, who is hardly ever home. So Dolores and Jesse are often home alone. Jesse is an emancipated minor. He dropped out of school in the eighth grade, drinks homemade beer and wine all day, and has no hope of getting a job. Dolores has been plagued with nausea for the first three months of the pregnancy, but says she plans on returning to school as soon as she feels able. She wants to be a lawyer someday. Unfortunately, her alcoholism makes school seem a distant memory and getting further away all of the time.

She is very concerned about drinking and being pregnant. She's aware of the possible side effects. Her little brother has fetal alcohol syndrome. But she can't seem to kick the habit. She joined AA, but dropped out when Jesse wouldn't let her go to the meetings.

1. Who and what are the clients and issues in this case?
2. Who should be the stakeholders on this team?
3. What steps would you take to address the situation?

---

* Developed by Hanley, M. S. (1995) for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

Home Again?*

Twanisha is a 17 year old prostitute, who lives with her 20 year old pimp and boyfriend, Lee, and her 18 month old daughter, Aisha. Twanisha ran away from very strict parents who loved her, but who disciplined her with spankings with a belt. She ran away when she was 15 and found out she was pregnant.

At first prostitution was easy; having sex and making money seemed like such grown up things to do. But, her feelings about sex have turned to boredom, and she's grown to distrust and fear Lee. In addition, she's noticed a strange vaginal discharge and odor. She's scared to death that she has some disease, but would rather not deal with it than find out.

She was an average student and has been thinking about what she wants to do with her life. She has always liked art and growing things. But, she can't figure out what to about it. Some days she loses hope that she will never be more than a prostitute, especially since she didn't finish the 10th grade. Still she wants so much more for Aisha to look up to.

Twanisha has been thinking a lot about her parents. She misses them a lot and knows they must be worried about her. But, she's scared of how they'll react to her and Aisha. Their religion sees premarital sex as a sin of the worst kind. Twanisha remembered that at one time her parents had tried to make her 17 year old cousin give her baby up for adoption to avoid the disapproval of the community and the church. Twanisha didn't want to think about the arguments that would happen if they tried to even suggest that she give Aisha up. Still, almost subconsciously, Twanisha's biggest fear is that they might win the quarrel. On the other hand, she thinks it would be so great to get Aisha out of the rat and roach infested apartment they are living in. It would be so nice to go home and sleep in her own bed again—safe and alone.

---

* Developed by Hanley, M. S. (1995) for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

F-5 AGENCY SCAVENGER HUNT

◆ **Knowledge of community resources will increase the efficiency and effectiveness of a collaborative group.**

Learning Objectives

3A. Students will collaborate on a plan to resolve issues presented in a case study.

2a-F. Students will identify individual, cultural, and community socio-cultural issues specific to a case study.

2a-F. Students will discover the variety and limitations of community resources.

Activity Description

Materials: paper, pencils, 2 or 3 copies of *Where to Turn Plus** (or a list of community agencies/organizations and organizational personnel) per small group; Overhead/handout: "Teacher-Responsive School-Linked Services: Getting Started."
Time: 1 hour

1. Students are grouped into groups of 3 or 4 and given a case study such as " The Grover Heights Neighborhood" or "Connie's Script" (See **E-8 A Better Way**).

2. Part I: Students review and discuss the issues raised in the case study. (20 minutes)

   a. **What is(are)the problem(s)?**
   b. **Who is(are) the client(s)?**
   c. **What are their strengths and needs?**
   d. **Who are the other possible stakeholders?**
   e. **What are their resources and limitations?**

At the end of the 20 minutes students must stop the discussion and be ready to move to the next section.

3. Part II: At the signal students must review *Where to Turn Plus* in order to find community resources and agencies which could assist the clients in the case study. (20 minutes)

4. At a signal students stop. A reporter must present to the whole class the group's ideas about the issues in the case and the appropriate agencies and resources.

5. At the end of the presentations the class discusses which collaborative efforts might be the most successful and why. Review overhead/handout: *Teacher-Responsive School-Linked Services: Getting Started.*

   a. **Is the plan comprehensive, preventative, flexible, integrated, culturally relevant, and outcome oriented?**
   b. **Did the plan proceed from the strengths of the clients rather than deficiencies?**
   c. **Is the plan family/community oriented and family/community driven?**

* This is a list of Washington State's social services agencies only (See Resource Center, 1995 in Reference Section of this guide).

d. **Did the plan provide a position of empowerment or betterment for the family(ies) or communities?**
e. **Is the plan realistic, workable, and likely to be accepted by the stakeholders?**

Note: Students who have experience with community agencies and resources should be spread out among the groups.

6. **Optional:** The most successful collaboration chosen by the class wins the scavenger hunt prize. (whatever it may be). Or in the spirit of collaboration the whole class may partake in the prize.

Related Readings

Gray. B. (1989). pp. 55-111
Melaville. A.. Blank. J.. & Asayesh. G. (1993). pp. 35-65
Resource Center (1995)
Winer. M & Ray. K. (1994). pp. 45-69

Related Activities

A-1 Constructing Cases: **A-3** A Collaborating Effort:
B-2 Developmentally Speaking: **D-7** Visions and Missions:
D-9 A Healthy Vision

THE GROVER HEIGHTS NEIGHBORHOOD*

Grover Heights is a blue collar middle income neighborhood in a middle sized (pop. 75,000) northwestern city. Newly developed industries in the area have greatly improved an economy that has been in a slump for the past 20 years. Finally, the residents have some hope for the future. New residents are also moving into town, adding to the stimulation of the economy with their taxes and purchasing power.

Still, the decline of the infrastructure over the years has left a legacy of a declining school system, an overcrowded health care system, crumbling roads, and police and fire departments that can't meet the needs of the growing community. The most problematic concern for the people in the Grover Heights section of the city is the truancy problem among some of the teenagers in the neighborhood. In the last year kids who had little or no trouble in school or with the law have begun to cause problems. At all hours of the night and day groups of roaming teenagers can be seen frequenting the theater, arcades, parks, and bus station located on the edge of Grover Heights and the city center. Graffiti is everywhere, on garages, fences, and even trees. Lately, in an imitation of the big city gangs, there have been incidents of turf wars, fighting and aimless violence.

Parents of the delinquent teens are deeply concerned, but so far unable to control their children. For the most part they are single parents or two parent families with both parents who must work to make ends meet. Other parents, particularly those who are new to the community, are worried about the influence that this behavior will have on their children. The subject was brought up at the monthly PTA meeting and parents decided to call a community wide meeting.

Three weeks later in the school gymnasium everyone was amazed at the large turnout and at the amount of concern, fear, and anger that had been developing in the community over this issue. A heated discussion followed involving those who blamed the parents and the lenient courts, and wanted curfews, stronger punishments, and penalties, those who blamed the schools and community, and wanted counseling for the children and families, recreational and cultural activities, and an improvement in the schools, and those who were in the middle.

---

* Developed by Hanley, M. S. (1995) for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

Teacher-Responsive School-Linked Services: Getting Started*

- **Identify the services already offered at your school.**
- **Identify needed services and supports in the community and have the principal invite representatives from each to your school.**
- **Formalize with all of these health and human service representative agreements regarding how everyone will respond "on demand" to children's (and families') service and support needs.**
- **Identify past barriers to rapid, appropriate response, agreeing upon ways to prevent them.**
- **Invite teams of teachers to help design services and supports, including when, how and under what circumstances they will be offered at schools or in communities.**
- **Consider re-location of selected health and human service providers at the school—and in classrooms.**
- **Reaffirm the specialized missions, roles and responsibilities that each member of the team has.**

---

*Permission for use (1996). From Hooper-Briar, K. & Lawson, H. (1994). Serving children, youth and families through interprofessional collaboration and service integration: A framework for action. Miami University.

241

F-6 CULTURAL OBSERVATIONS

◆ **Understanding and knowledge of cultural differences and commonalties is essential to collaborative practice and begins with the first steps--a need to know and curiosity.**

Learning Objectives

F. Students will identify, examine, and apply knowledge of socio-cultural patterns to increase the effectiveness of collaborative practice.

1F. Students will identify core cultural values and their impact on a collaborative vision, mission, and process.

Activity Description

Materials: large paper (or blackboard) and chalk, pencils, or markers
Time: variable

1. In class choose a particular sub-culture (may be a profession or a discipline) that participants feel they need to begin to understand more clearly.

2. Outside of class each participant collects an artifact produced by a member of the cultural group to be researched (an example of craft, newspaper article, a poem, a proverb, etc.), or a brief account of observed behavior (a snippet of a conversation, individual activity or interactions between females of the same age, of different ages, between males and females, in different positions of authority, etc.).

3. In class write all of the artifacts or observations on the paper or board.

4. As a class explore and analyze the material.

   a. **What are the recurrent themes, values, forms, interests, and issues?**

   b. **What questions arise after studying the material? How will questions be answered?**

   c. **What cultural assumptions can be made? How can the assumptions be validated? (Suggestion: a representative panel to present information and answer questions would be really effective.**

   d. **How will the values and interests of this cultural group impact the work of a collaborative group?**

   e. **How do these observations connect to the reading assignments?**

Related Readings

Melaville, A., Blank, J., & Asayesh, G. (1993), pp. 35-43
Johnson, D. & Johnson, F. (1994), pp. 435-459; 383-391
Fennimore, B. (1994), pp. 45-54
Goldstein, H. (1992), pp. 27-38

Related Activities

F-3 Questions on Diversity; C-7 Meet Someone Different

Learning Activities - Related Readings

REFERENCES

Adler, L. & Gardner, S. (Eds.) (1994). *The politics of linking schools and social services.* Washington: The Press.

American Medical Association Education and Research Foundation (1992). *Code of medical ethics: current opinions.* Chicago: AMA.

American Nurses Foundation (1985). *Code for nurses: American Nurses Association.* Washington D. C. 20024-2571. (202) 651-7227.

Boal, A. (1985). *Theater of the oppressed.* Trans. by Charles. A. & M. McBride. New York: Theatre Communications Group.

Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.*

Casto, R. M. & Julia, M. (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

Capper, C. (1994). The principal's perspective on comprehensive children's services. In *Greater than the sum: Professionals in a comprehensive services model.* Washington: ERIC Clearinghouse on Teacher Education.

Chang, H., et al (1993) *Guide to creating comprehensive school-linked supports and services for California children and families.* Davis: Healthy Start Field Office, University of California.

Cowger, C.D. (1992). Assessment of client strengths. In *The strengths perspective in social work practice.* New York: Longman.

De Vault, G. & Haring, N.G. (1994). *Collaborative teaming: Training manual.* Seattle: University of Washington Program Development.

Dryfoos, J. (1994). *Full-service schools: A revolution in health and social services for children, youth, and families.* San Francisco: Jossey-Bass.

Fennimore, B. (1994). "Constructing a multicultural framework for coordinated children's services." In *Greater than the sum: Professionals in a Comprehensive Services Model.* Washington: ERIC Clearinghouse on Teacher Education.

Girouard, S. & Igoe, J. (1994). A health care perspective on comprehensive children's services in *Greater than the sum: Professionals in a comprehensive services model.* Washington: ERIC Clearinghouse on Teacher Education.

Goren, S. & Afable, L. (1994). A social work perspective on comprehensive children's services in *Greater than the Sum: Professionals in a Comprehensive Services Model.* Washington: ERIC Clearinghouse on Teacher Education.

Goldstein, H. (1992). Victors or victims: Contrasting views of clients in social work practice. In *The strengths perspective in social work practice.* New York: Longman.

Learning Activities references cont'd p. 2

Gray, B. (1989). *Collaborating: Finding common ground for multiparty problems*. San Francisco: Jossey-Bass.

Griggs Productions (1987). Valuing Diversity®, Part III: Communicating Across Cultures. Part of a Seven Part Videotape Series: Valuing Diversity®. San Francisco (415) 668-4200.

Harbaugh, G. (1994). The assumptions of interprofessional collaboration: Interrelatedness and wholeness. In *Interprofessional Care and Collaborative Practice.* Pacific Grove: Brooks/Cole Publishing.

Himmelman, A.T. (1992). Communities working collaboratively for a change. Minneapolis: The Himmelman Consulting Group.

Hodgkinson, H. (1991). *Beyond the schools: How schools & communities must collaborate to solve the problems facing America's youth.* Arlington: American Association of School Administrators and National School Boards Association.

Hooper-Briar, K. & Lawson, H. A. (1994). *Serving children, youth, and families through interprofessional collaboration and service integration: A framework for action.* Oxford: The Danforth Foundation and The Institute for Educational Renewal at Miami University.

ICMA Professional Association (1976). ICMA code of ethics. Washington D. C. 20002-4201. (202) 962-3671.

Isaksen, S. G. & Treffinger, D. J. (1985). *Creative problem solving: The basic course.* Buffalo: Bearly Limited.

Johnson, D.W. & Johnson, F. (1994). *Joining together: Group theory and group skills.* Boston: Allyn and Bacon.

Klein, J.T. (1990). *Interdisciplinarity: History, theory, and practice.* Detroit: Wayne State University Press.

Joining Forces, et al. (1992). Confidentiality and collaboration information sharing in interagency efforts. (AR-92-1) Denver: Education Commission of the United States.

Julia, M. & Thompson, A. (1994) Group Process and Interprofessional Teamwork. In *Interprofessional Care and Collaborative Practice.* Pacific Grove: Brooks/Cole Publishing.

Kohls, L. R. (1984). *The Values Americans Live By*. Washington D. C.: Meridian House International.

Knowlton, R. & Tetelman, E. (1994). Educators respond to New Jersey's "One-Stop Shopping" program in *Greater than the Sum: Professionals in a Comprehensive Services Model.* Washington: ERIC Clearinghouse on Teacher Education.

Learning Activities references cont'd p. 3

Lawson, H. A. (1994). *Toward healthy learners, schools and communities.* Journal of Teacher Education, 45(1), pp. 62-70.

Lawson, H. A. & Hooper-Briar, K. (1994). *Expanding partnerships. Involving colleges and universities in interprofessional collaboration and service integration.* Oxford: The Danforth Foundation and The Institute for Educational Renewal at Miami University.

Manley-Casimer, M. & Hall, M. (1994). Professional attitudes, judgment, and confidentiality: Tensions in school-linked services. In *Greater than the Sum: Professionals in a Comprehensive Services Model.* Washington: ERIC Clearinghouse on Teacher Education.

McKnight, J. & Kretzmann, J. (1990). *Mapping community capacity.* Evanston: Center for Urban Affairs and Policy Research.

Melaville, A., Blank, M.J., & Asayesh, G. (1993). *Together we can: A guide for crafting a profamily system of education and human services.* Washington: U.S. Department of Education and U.S. Department of Health and Human Services.

NASW Press (1990). *National association of social workers code of ethics.* Washington D. C. 20002-4241. (800) 638-8799.

NEA Professional Library (1975). *Code of ethics of the education profession.* Washington, D. C. 20036. (202) 833-4000.

Platt, L. (1994). Why bother with teams?: An overview. In *Interprofessional Care and Collaborative Practice.* Pacific Grove: Brooks/Cole Publishing.

Resource Center (1995). *Where to turn plus for health and social services.* Seattle: Crisis Clinic.

Saleebey, D. (Ed.) (1992). Introduction: Power in the people. In *The strengths perspective in social work practice.* New York: Longman.

Saleebey, D. (Ed.) (1992). Conclusion: Possibilities of and problems with the strengths perspective. In *The Strengths perspective in social work practice.* New York: Longman.

Shuman, R. Baird. (1989). *Classroom encounters: Problems, case studies, solutions.* Washington, D.C.: National Education Association.

Stack, P., Sunderman, C., & Tonsmeire, J.K. (1992). *Our gathering place: Participant manual.* Juneau: University of Alaska Southeast and Portland: Western Regional Center for Drug-Free Schools.

Stevens-Long, J. (1990). Adult development: Theories past and future. In *New dimensions in adult development.* New York: Basic Books.

Learning Activities references cont'd p. 4

Sullivan, W. P. (1992). Reconsidering the environment as a helping resource. In *The strengths perspective in social work practice.* New York: Longman.

Thomas, K. W. & Kilmann, R. (1974). *Conflict mode instrument.* Tuxedo Park, NY: Xicom Publishing.

Weick, A. (1992). Building a strengths perspective for social work. In *The strengths perspective in social work practice.* New York: Longman.

Winer, M. & Ray, K. (1994). *Collaboration handbook: Creating, sustaining, and enjoying the journey.* Saint Paul: Amherst H. Wilder Foundation.

III. ADDITIONAL CASE STUDIES

Out of Work Blues*

John (age 27) and Sophia (age 24) have been going together for eight years and have been married for five years. They have two small children, Juana, (age 7) and Louis, (age 5). John had been working as a machinist at a local truck factory, but was fired after he had a physical fight with the foreman and was unable to find work. For the last five months Sophia has worked all the extra hours she could as a waitress, but the bills have gotten out of hand. She also tried to start a catering business, but just couldn't handle the added stress in her life.

Medical bills for Juana's asthma and severe allergies have been unpaid for months. The electricity and phone have been disconnected and the landlady has given them two weeks notice. Sophia's wealthy family has disowned the couple because they think Sophia married someone "beneath her station" and without their permission. Only Sophia's sister, Marjorey, checks in on Sophia from time to time.

Although Sophia has pleaded with John he is ambivalent about public assistance or even food stamps. He's afraid that the government agencies would "get into their business" and would break up the family. The thought of losing Sophia and their children is devastating to John. Consequently, he has become increasingly depressed and angry. He has physically abused Sophia and the children on two occasions. After each assault he was so despondent that he drank himself into a stupor. Just as difficult as the physical abuse has been the emotional abuse and the arguing that occurs more and more frequently.

The children have become shy and withdrawn. Juana has begun to wet her pants every day in school and is very lethargic and passive. Louis clings to his mother and cries every day when she drops him off for kindergarten. They both have nightmares and Juana is afraid of her father.

Sophia has thought about leaving, but she doesn't know where to go. Besides, she has been with John since she was 16 and says she loves him dearly. She was raised as a Catholic and does not want to break up her family.

---

* Developed by Hanley, M. S. (1995) for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

OLGA*

Police brought Olga, a 67-year-old white female, into the emergency room of a general hospital late one cold January night. She had been found wandering around downtown during a light snow at 2:30 a.m. An examination revealed multiple bruises and scabs covering her body and an acute infection of her right arm. Further examination revealed symptoms of uncontrolled diabetes, a diagnosis verified by examining the patient's records.

The patient was able to give her name and to generally identify where she was. After her arm was treated she asked to be released to go home. On questioning she was unable to give her address, but claimed that she owned a home and could find her way there without any problem if released. She also refused medication, claiming that her church taught that drugs were bad for people.

Because of the concerns of the emergency room physician who examined Olga, she was assigned a room and asked to stay until the morning. She made no attempt to resist or leave, and slept well until morning. In the morning, again at the insistence of the examining physician, she was seen by a psychiatrist, who was asked to evaluate the possibility of committing Olga to the short-term state mental hospital located in the same community. The hospital chaplain also visited her and discovered that she came from a neo-Pentecostal background.

The psychiatric examination revealed chronic undifferentiated schizophrenia with some delusional ideation. The patient was definitely not a threat to others and not suicidal. On the other hand, she appeared incapable of caring for her immediate medical needs. She also seemed incapable of meeting her other needs. The psychiatrist certified her as committable and recommended short-term hospitalization to stabilize her condition.

Olga was informed of the recommendation and of her right to counsel. She asked to see a lawyer and was interviewed by one the following day.

---

* Permission for use (1996). Casto, R. M. & Julia, M (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

OLGA cont'd p. 2

During the interview she stated her strong opposition to hospitalization and her desire to be discharged. She claimed that she had been hospitalized earlier and had found it unpleasant; she also continued to state her opposition to medication. During the preceding 2 days she had been given regular injections of insulin over her protests, but without her physical resistance. Examination of her medical records by her lawyer also revealed that she had been given 25 mg Thorazine, twice daily, ground up in her food without her knowledge.

Olga was transferred to the state mental hospital 2 days after having been brought to the emergency room. At that time, a thorough social investigation took place, which revealed that she had been hospitalized three times within the previous 5 years for periods of 1 to 3 months. She owed the state $4,800 for previous hospitalizations and had made no payments. Her last hospitalization had occurred 15 months previously. After 5 days in the hospital she was discharged to a nursing home, which she left after 3 days.

The social investigation also revealed that she did indeed own a small two-bedroom frame house in an older part of town, which she had inherited from her parents 15 years previously. A visit there found the house occupied by a 60-year-old male, Bill, who was receiving SSI disability payments and claimed to be Olga's cousin. He claimed to be concerned about Olga's whereabouts and asked that she be returned home. The house was filthy and in bad repair. Roaches were plainly visible during the day, litter and garbage were strewn throughout the house, and appliances and fixtures were covered with grime.

Olga had a joint bank account with Bill, which had been opened 6 years earlier. Her social security check was deposited directly in the account. Most recent withdrawals had been made by Bill in small amounts. Records at the general hospital emergency revealed that Olga had been admitted by Bill 6 months earlier with a sprained ankle and cuts and bruises. Both Olga and Bill refused to discuss the cause of the injuries.

*** Permission for use (1996). Casto, R. M. & Julia, M (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.**

OLGA cont'd p. 3

STUDENT ACTIVITY

1. **Identify the issues for members of your profession in providing for the care of Olga.**
2. **Discuss what further information, if any, you need in order to respond to her needs.**
3. **Explore the relationship between Olga's diagnosis of schizophrenia and her diabetes.**
4. **Identify which other professionals you would need to consult in order to develop a comprehensive response to Olga's needs.**
5. **In consultation with other professionals, develop a collaborative plan for the care of Olga.**

FOR FURTHER DISCUSSION AND STUDY

1. **What ethical questions does this case raise for members of your profession? For the hospital? For the lawyer?**
2. **What are Olga's rights upon entering the hospital?**
3. **What are the hospital's responsibilities to Olga? To the community?**
4. **What ethical conflicts arise in dealing with a client of marginal competency?**
5. **Should the lawyer contact other professionals in order to assure fair and necessary care for Olga, and if so, which professionals should be contacted?**
6. **Can treatment be forced on a competent client? An incompetent client?**

*** Permission for use (1996). Casto, R. M. & Julia, M (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.**

JESSICA*

Jessica Jones, a 54-year-old woman, is in the Interprofessional Family Practice Outpatient Clinic for a 6-week check on her fractured right leg (fibula). The fracture occurred when she fell down a flight of stairs in her home. The leg was set through a closed reduction and was placed in a cast for 4 weeks. After the cast was removed, physiotherapy was instituted for 2 weeks.

The nurse, while preparing Jessica for examination by Dr. Jack Anson, the physician, asks how things are going. Jessica, also a registered nurse, replies, "I'm pleased about the progress of my leg. It's the other problems that I have right now that are giving me concern." The nurse inquires further, and Jessica discloses that her husband, George, was arrested a week ago for driving while intoxicated. She expresses her concern about his drinking and the embarrassment it is causing the family. Asked how George was reacting to the situation, Jessica replies, "He's not concerned at all. He called one of his attorney friends, who is working to have the charge reduced to reckless operation."

Jessica and George, married for 30 years, have two grown children and one grandchild, Peter, age 9. Peter is living with his grandparents for this school year because his parents are on a 12-month overseas assignment with the government. George, a successful thoracic surgeon, has had a good practice for 25 years. He has taken an active role in the community and is a deacon in the church.

The nurse continues talking with Jessica and asks whether Jessica has talked with her husband about her concern. "Many times," she replies. "In fact, Dr. Anson himself spoke to George about his drinking two years ago. About that time, George and I were separated and his drinking increased. When Jack, a friend of George, brought up his drinking, George laughed and said he was worrying too much." Jessica goes on to say that she feels very discouraged about the situation. The nurse asks Jessica if George or she have ever talked with their pastor about the problem. She indicates that she has,

---

* Permission for use (1996). Casto, R. M. & Julia, M (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

JESSICA* cont'd p. 2

but he has not.

When asked how Peter is adjusting to living with them, Jessica tells the nurse that he is a delight to both of them. George is very fond of Peter and was looking forward to having Peter live with them for the year. However, further conversation reveals that, initially, Peter was doing well in his new school and his grades were good. But recently, his teacher has noted that Peter's grades have slipped and that he seems somewhat withdrawn and preoccupied. Further, he has been involved in two fights on the playground in the last month and expresses reluctance some mornings to go to school.

Jessica says that she has been trying to spend more time with Peter, who seems very concerned about her leg injury. During one talk, Peter told Jessica that he is scared of Grandpa because he "acts funny." At times he is pleasant, then becomes angry with Peter for no apparent reason. Jessica tells Peter to be patient with Grandpa, that he has been very busy at the hospital.

The nurse tells Jessica that Dr. Anson will see her shortly and is about to leave the room when Jessica says, "There's one more thing about this situation that is very disturbing. I know I told you and Dr. Anson that I fell down the steps and broke my leg, but that's not exactly how it happened. The night I broke my leg, George had been home all evening and apparently had been drinking. I came home and found him in an irritable mood. We began to argue and George became agitated. My fall occurred because George pushed me out of the way as he went into his room. The frightening part is that George doesn't remember it at all. In fact, when I told him what happened, he felt terrible and couldn't imagine that he could have pushed me."

* Permission for use (1996). Casto, R. M. & Julia, M (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

JESSICA* cont'd p. 3

STUDENT ACTIVITY

1. You are a member of the interprofessional team in the Family Practice Clinic. This information about Jessica and George Jones is brought to you and your fellow team members at your weekly team meeting. From the perspective of your profession, identify the client in this case and the recommendations you would make.
2. Discuss this case with your colleagues from other professions and develop collaborative plan for the client.

FOR FURTHER DISCUSSION AND STUDY

1. What scope of care do Jessica, Peter, George, and the family need?
2. What ethical questions does this case raise for the nurse in the case? For members of your profession?
3. Who is responsible for reporting an impaired professional? How do you decide when you should report an impaired colleague to the appropriate authorities? Should Jessica be encouraged to report George?
4. Is an intervention appropriate in this case? If so, who should initiate it?
5. What avenues of assistance are available to impaired professionals and their loved ones?
6. How would a nurse approach this case in a collaborative manner? A member of your profession?
7. Should the school be contacted to inform them about Peter's special needs at this time? Who should make the contact?

---

* Permission for use (1996). Casto, R. M. & Julia, M (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

KING JUNIOR HIGH SCHOOL*

In the moments following the closing of the cafeteria line, Willis Bradshaw joked pleasantly with the lunchroom staff. He was proud of them. They had converted a trouble spot into a place of pride. King Junior High School, 5 years ago, was the pits, or so it was described. Parents, students, teachers, administrators -- anyone who was aware of the school system – knew about King and its problems.

But that is all different now. The changes began with the appointment of Mr. Bradshaw, an ambitious young black administrator, as principal. Bradshaw sought the King job when few others would even consider it. Superintendent Frank Wallace had to be convinced at the time that Bradshaw was the person for King. Although he recommended Bradshaw's appointment, he was nervous about Bradshaw's civil rights activism in the 1960s and early 1970s. Wallace feared that conservative board members would vote down his recommendation. To his surprise, his recommendation was passed without opposition or even discussion. And Bradshaw had certainly vindicated their confidence in him. Bradshaw had always known of Wallace's initial skepticism about him. But Bradshaw's leadership had erased all doubts.

Bradshaw was tough but fair. He held high standards for King and for everyone there, blacks and whites alike. Students soon found that no one could run any games on the new principal. Teachers who were lazy or marginal soon got out. A spirit of achievement gradually replaced essentially goalless behavior, high absenteeism, conflict, and the near chaos of previous years.

Willis Bradshaw, now back in his office, glanced at the correspondence and messages lying so orderly on his desk. Mrs. Barnes was very efficient, a superb school secretary. She was a major factor in the overall improvement of the school. She was the first contact that many people had with King. Courteous, warm, businesslike, she converted the office into another King

---

* Permission for use (1996). Casto, R. M. & Julia, M. (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

KING JUNIOR HIGH SCHOOL cont'd p. 2

asset. It had been poorly managed, inefficient, disorderly; but not now. Mrs. Barnes, like Bradshaw, expected high performance and she got it.

The telephone note on top had been marked "urgent" in red and underlined. Mr. Bradshaw buzzed Mrs. Barnes immediately: "Edna, what can you tell me about the superintendent's call?" Mrs. Barnes replied, "Well, I don't have much. Marilyn said that Dr. Wallace had to see you this afternoon. It's about the citizens' report on school closings and a story that is likely to be in tonight's paper."

"Okay, Edna, thanks. Get Dr. Wallace for me?"

"Willis, thanks for getting right back to me. I need to see you as soon as you can get down here. The Citizens' Committee is recommending that we close King next year. I thought we had headed that off, but something happened. What is worse, it's going to be in tonight's paper, even before it goes to the board." Mr. Bradshaw replied, "I'll be right there. Should I bring Herb Smith, if I can get him? This is something the PTA president ought to be in on." There was a pause, then Wallace said, "Sure. Maybe he can help. I'll have Samantha Gregg and Homer Shaughnessy here, too. Come right to the boardroom."

Bradshaw and Smith shook snow of their coats, hung them in the corner, and settled into empty seats. Copies of the Citizens' Committee report were being examined by the others already there. The exchange of greetings was short as everyone turned the pages and scribbled notes hastily. After 5 minutes, Superintendent Wallace broke the silence.

"Thanks for coming on short notice. Mr. Smith, I'm especially grateful to you for leaving your office, midafternoon. I would not have convened this meeting if I had not considered this matter to be important. At about 11:00 this morning, Walter Granger and Barbara Owens dropped off the ad hoc Citizens' Committee report on school closings. We had expected it in about 10 days, but as they explained, they were finished and wanted us to have it as soon as possible. They volunteered, too, that copies had been given to the media. I understand that radio and TV news programs have carried stories

---

* Permission for use (1996). Casto, R. M. & Julia, M. (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

KING JUNIOR HIGH SCHOOL* cont'd p. 3

about the report. And no doubt, tonight's *Argus* will give generous coverage to it.

"As you may know by now, the committee reversed itself on us in one important respect. They recommend closing King. When we last talked with Walter Granger and Barbara Owens, co-chairpersons of the Committee, they assured us that if a junior high were to be considered for closing it would be Roosevelt. Granger and Owens, to their credit, told me of the change this morning. But they had little to offer in the way of explanation other than that the downtown development commission wants the King site for business expansion.

"Samantha and Homer, my assistants, have read the entire report. In a minute, I'll have them summarize it for us. But before they do, do either of you have any questions or comments?"

Mr. Bradshaw fanned the pages of the report, sat rigid, his eyes hostile. "Those SOB's, they're doing it to us again. King is a damn good school. Everyone in this room knows that. It's a good school, better than Roosevelt. Sure our building is old, but it's solid, and it's a symbol for blacks in this town. Bulldoze King down and you're emasculating our spirit. If the board accepts this, there will be one hell of a fight." Herb Smith joined Bradshaw in his attack upon the recommendation, "Willis is right. This will not go down easy. In fact, this will not go down at all. I came back to this town when I finished law school. My kids are in the public schools, including King. Willis Bradshaw has made King into a good school. And it is good for the 25 percent who are white as well as for blacks."

Wallace looked grim. He said, "I know how you feel. I feel the same way. Although this Citizens' Committee was not appointed by the board, I thought we were working hand in hand with the committee, especially the co-chairpersons."

Marilyn, the Superintendent's secretary, entered the boardroom quietly. Dr. Wallace noticed her and paused. "The editor of the *Argus* is on the phone. Do you want to talk with him now?" she asked.

---

* Permission for use (1996). Casto, R. M. & Julia, M. (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

KING JUNIOR HIGH SCHOOL* cont'd p. 4

STUDENT ACTIVITY

1. Identify the power issues in this case.
2. Identify the equity issues in this case.
3. Identify the justice issues in this case.
4. Discuss the opportunities this case presents for collaborative problem-solving and decision-making.
5. Identify who should be included in seeking a collaborative solution to the problems raised in this case.

FOR FURTHER DISCUSSION AND STUDY

1. How do *you* define power, equity, and justice? How does *your profession* define power, equity, and justice?
2. What are comparable scenarios of this case in other professions?
3. What ethical concerns does this case raise?
4. In what ways does this case reinforce your stereotypes of education as a profession?
5. In what ways does this case challenge your stereotypes of education as a profession?

* Permission for use (1996). Casto, R. M. & Julia, M. (Eds.) (1994). *Interprofessional care and collaborative practice.* Pacific Grove: Brooks/Cole Publishing.

Picking Up the Pieces*

Whitehall is a white working class neighborhood in a middle sized city affected by a dying industrial economic base. The General Motors factory that hired the nearby residents has been moved to another city. Workers were put out of work by the thousands. The domino effect of loss of jobs in supporting industries has just begun to be felt. The tax base is dwindling, and the infrastructure is crumbling.

One of the many problems created by this situation is the effects of this economic depression on the children of the community, especially the teenagers. There are no longer opportunities or activities for them to do. Gangs have become a fairly lucrative way of life. Drug sales and turf wars have taken the lives of gang members and innocent bystanders alike.

Jensen is a black working class neighborhood on the other side of the defunct GM factory, which is experiencing the same problems with their teenagers and young adults. The turf wars fought by the gangs in Jensen are fought with the gangs in Whitehall. The conflict has been over the equally stressed community of Williamston, which lies between the two, south of the factory.

Williamston is a racially mixed community that was also dependent on the GM factory. When the economy was good, race relations were generally positive, or at least tolerable. Even at the beginning of the layoffs, most of the parents and neighbors who had worked together at the factory, were attempting to avoid racial antagonisms. However, the gangs had complicated relationships. The deaths of both white and black teenagers has begun to polarize the community along racial lines.

Education at the high school that serves these three communities is deteriorating like the communities. In spite of a committed staff, violence occurs in or around the school on a daily basis. The hospital emergency room and the neighborhood health clinic are both dealing with an increase of injuries caused by gang violence.

---

* Developed by Hanley, M. S. (1995) for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

Picking Up the Pieces* cont'd p. 2

In the middle of all of this is a group of parents of both races. They have decided that enough is enough. Even though they feel helpless about the state of the economy in their city they know they must do something to curb the growth of drugs and gangs, or face the deaths and injuries of more of their children. The first meeting is taking place in the basement of a community church. They want to make plans, but feel overwhelmed by the enormity of the problem. ...Where to begin?

---

* Developed by Hanley, M. S. (1995) for the Training for Interprofessional Collaboration Project, Seattle, WA 98195.

Public Health Summer Institute
Community Violence*

The Fire Department administrators had been having an excess number of calls from mothers demanding services for dealing with children who are uncontrollable. In meeting with Health Department officials they learn that the Public Health nurses are well aware of these cases and have often been seeing the very families that are calling. The nurses report that there are many problems in these families: a dysfunctional parent, limited financial resources, little communication with the schools where children attend. The Health Department and Fire Department together met with the police chief. He exploded with the problems his staff are having with domestic violence in the community. He said that his department has no more resources to use. "What is the problem in our community? How come parents can no longer control their children or themselves? These are family problems, our departments cannot function as the family patrol!"

A recent report from the State Health Department reported that in the county where this incident occurred the rate of Aggravated Assault, Homicide, and Rape were among the highest in the state. The statistics revealed that aggravated assault had increased by 63% over a 10 year period, with a steady gain of 5% per year. Rape had increased by 70% in the same period, a 9% per year increase. Homicide had increased 29% in the same period.

How can the community deal with the problem of violence in their midst?

---

* Developed for the Public Health Summer Institute (1995) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA 98195.

Public Health Summer Institute
No Budget, No Lights*

The Center for Successful Child Development (CSCD) has established their program within the housing project serving families enrolled in the CSCD program. The Center provides services intended to help pregnant women have a better pregnancy outcome and also to assist the mother in caring for her growing child in a way that will promote the child's development. The ultimate goal of the project is to have more children in the neighborhood ready for learning once they start kindergarten.

There is an office for CSCD in the apartment complex. In addition to administrative staff, the office houses the child care center for the project and a meeting place for the family members. The project provides whatever health, vocational, or educational services the families need. There is an effort to use services in the community such as the Health Department when they are available and meet the clients' needs.

The mothers had requested better lighting on the porch ways connecting apartments with the stairways and elevators. There is a history of gang activity and the mothers felt strongly that with better lighting the gangs would not be as likely to gather and also would be more visible to apartment residents, so they could guard against being a gang victim. The project administrators contacted the Housing Authority by phone and in writing about the request for better lighting. After three months there had been no response, finally yesterday they received a letter indicating the Housing Authority had no budget to meet the better lighting request. Meanwhile, since the request three months ago, the residents have frequently reported incidences of gang activity and several attacks on young girls in the apartment complex.

What can be done to improve the conditions for the residents?

---

* Developed for the Public Health Summer Institute (1995) for the Training for Interprofessional Collaboration Project, University of Washington, Seattle, WA 98195.

IV. SYLLABI

Training for Interprofessional Collaboration (TIC)
University of Washington
Winter Quarter 1993

Kathryn Barnard
Ben Wright
Ted Teather

Collaborative Practice

Introduction

Collaboration in the delivery of the human services is an interactive process through which individuals and organizations with diverse expertise and resources join forces to plan, generate and execute designs for solutions to mutually identified problems as experienced by families and children (TIC, 1992). Guidance in that process is provided by the following beliefs.

- the mission of collaborative practice is client service
- the total community is the client of the interprofessional collaborative system
- client well-being is enhanced by collaboration among all participants in the client's system
- the strengths that reside in diversity must be understood, valued, and utilized
- collaboration is developmental; it is a long term, evolving, relational effort which can be enhanced by experience and reflection

Goals

Students will identify, strengthen, and develop knowledge, attitudes, and skills which have demonstrable potential for strengthening partnership positions in collaborative efforts. The knowledge, attitudes, and skills will be in the following five realms: intrapersonal, interpersonal, group process, organizational, and socio-cultural.

Objectives

The course has five objectives.

- students will understand and utilize selected elements of personal well being to enhance collaborative practice activities
- students will identify and demonstrate the interpersonal skills necessary to collaborative practices
- students will describe, analyze and demonstrate the group process skills necessary to collaborative practice
- students will describe, identify and demonstrate a process for utilizing an understanding of selected organizational elements to support collaborative practice

TIC Collaborative Practice 1993 cont'd

- students will identify, examine, and apply knowledge of socio-cultural patterns to increase the effectiveness of collaborative practice

Educational Methods

In our time together we will combine lecture, audio-visual materials, simulations, and lots of discussion. We will assume that reading has been completed, that all will eagerly share thoughts of life experiences, and all of us will take some chances.

Instructor Responsibilities

- develop instructional materials and formats
- facilitate classroom activities
- read and comment on all written work
- be available to students

Student Responsibilities

- attend and participate in all class sessions (20% of final grade)
- complete assigned readings prior to attending class
- complete both assignments

Assignments

1. Journal (40% of final grade)

Each student is asked to maintain a written journal which contains the following elements:

- descriptions of collaborative practice
- an analysis of that practice using material from classroom discussions, readings, prior learnings, or other sources
- an evaluation of your behavior
- where appropriate, make recommendations for learning or practice

2. Final Assignment (40% of final grade)

The specific format for the final assignment will be determined by session 7. The focus of the assignment will be on the application of your learning to practicum situations. You will be asked to describe a life situation which is problematic for families and children, describe the current nature of the related collaborative practice, analyze that practice, develop goals for improved collaborative practice, specify interventions, and describe how you would evaluate your efforts.

Instructor Evaluation

The instructor will be asking for written feedback at the end of each class session. At the end of the quarter you will evaluate our teaching through the good offices of the University's Educational and Testing Service.

Session by Session Outline

Excepting week one, the readings for each class session will be distributed one week in advance.

Session 1 (Jan. 6) inclusion revisited, framing the course, reflecting on collaboration

Readings: Hodgkinson, H.L. (1989) *The same client: The demographics of education and service delivery systems.* Washington, DC; Institute for Educational Leadership Inc.

Mattessich, P.W. and Monsey, B.R. (1992) *Collaboration: What makes it work: A review of research literature on factors influencing successful collaboration.* St. Paul Minnesota, Amherst H. Wilder Foundation.

Session 2 (Jan. 13) personal reflections on collaborative practice

Readings: Harbaugh, G.L., Castro, R.M. and Burgess-Ellison, J.A., "Becoming a professional: How interprofessional training helps." *Theory into Practice*, Volume XXVI, Number 2, pp. 141-144.

Klein, J.T. (1990) *Conclusion, the integrative core in interdisciplinary history, theory, and practice*. pp. 182-228.

Session 3 (Jan. 20) interpersonal skills and collaborative practice

Readings: Davis, L.E. (1985) "Group work with ethnic minorities color" in Sundel, et. al. (Eds.) *Individual change through small groups*, (2nd ed.) The Free Press, pp. 324-343.

Jamison, K. (1987), "Straight talk: a norm changing intervention," Reddy et al, *Training theory and practice, institute for applied behavioral sciences*, pp. 209-223.

Johnson, D.W. and F. P. Johnson (1987) *Joining Together*, Prentice Hall, Inc. pp. 171-218.

TIC Collaborative Practice 1993 cont'd

Session 4 (Jan. 27) conflict resolution and collaborative practice

Readings: Brody, C.M. (1987) *Women's therapy groups*, New York, Springer Publishing Company, pp. 219-266.

Session 5 (Feb. 3) group process skills, leadership, negotiation, and collaborative practice

Readings: Toseland, R.W., and R.F. Rivas (1984) *An introduction to group work practice*, New York, Macmillan Publishing Company, pp. 77-110.

Johnson, D.W. and F.P. Johnson (1987), pp. 267-320.

Garvin, C. (1987), *Contemporary group work* (2nd ed.), Prentice Hall Inc., Englewood Cliffs, New Jersey, pp. 175-289 and 301-316.

Session 6 (Feb. 10) a practice session in working together

Readings: It's what's interesting you, catch-up, or get ahead time

Session 7 (Feb. 17) organizational savvy and collaborative practice

Readings: Brown, D.L. (1982) *Managing conflict at organizational Interfaces*, Addison-Wesley Publishing Company, pp. 47-80.

Resnick, H. and R.J. Patti (1980) *An overview of organizational change, change from within*, Temple University Press, pp. 4-32.

Sessions 8, 9, 10 (Feb. 24, March 3, March 10)

The focus of the final three sessions will be on the application of learning to student selected issues at practicum sites. It is expected that the application will be undertaken by student teams clustered at practicum sites or by students who are currently working with common problems.

At the end of Session 7 we will be providing you with an assessment instrument you can use to systematically collect data on collaborative practice at your practicum site. The collected data will provide the basis for both the final three sessions and your final assignment.

Supportive readings for the final three sessions will be selected by the student teams.

A Final Comment

It is our hope that the following questions guide our collaborative inquiry and personal reflection. The questions directly relate to the five realms which serve to identify the major content areas for this course; intrapersonal, interpersonal, group process, organizational, and socio-cultural.

What are my beliefs about myself and others; what are my thoughts on helping, teaching, and collaboration; how do my beliefs and thoughts impact my practice?

What are my strengths in interpersonal relations; what is my plan for personal improvement?

What collaborative leadership skills do I see in myself and others; what is my plan for personal development?

What are the organizational barriers to collaboration; what do I need to do to overcome them?

What power resides in the diversity of the community in which I am working; how may I learn to use it for the well-being of clients?

UNIVERSITY OF WASHINGTON
Training for Interprofessional Collaboration
Collaborative Cohort Model
An Overview Fall 1993

Training for Interprofessional Collaboration and the Collaborative Cohort Model

The Training for Interprofessional Collaboration (TIC) project is an innovative program designed to train educators, health and human service professionals, administrators and policy analysts to work as part of a collaborative, interdisciplinary team. Students in the TIC project are drawn from the graduate and professional programs of five schools at the University of Washington: the College of Education, the School of Nursing, the Graduate School of Public Affairs, the School of Public Health and Community Medicine, and the School of Social Work.

The current approach to training in this project is called the *Collaborative Cohort Model* (CCM). In the CCM, students representing a variety of disciplines are grouped into cohorts of five to 10 clinical and policy/administrative students from different disciplines. Students in the cohort are drawn from all disciplines with approximately equal representation, with more students from clinical than from administrative or policy backgrounds. Thus, the cohort contains no more than two teachers, counselors, health professionals, administrators, and so forth.

Goals of the Collaborative Cohort Model

The goal of the CCM is to give students from a variety of professional disciplines the opportunity to learn the skills of collaboration through both classroom and applied learning situations. The model is designed to give students a chance to work as a team on a real issue or problem requiring an interdisciplinary approach, under the guidance of UW faculty, practicing professionals and community representatives. To provide an understanding of the community context of collaborative services, students learn skills for collaborating not only with other students and professionals, but also with families and the broader community.

The TIC curriculum is designed to teach collaborative skills, knowledge and attitudes in five different areas: intrapersonal understanding interpersonal skills , group process skills, organizational savvy, community awareness, and cultural sensitivity.

Cohort Characteristics

Each cohort has the following characteristics:

- Students within a cohort may perform practicum or internship placements within the same site. Practica and internships are performed in accordance with the requirements of students' respective professional preparation programs.

270

- Each cohort has a lead faculty member from the University of Washington and a lead practitioner, who is a professional from the site representing a different discipline from the lead faculty member. Additional faculty members from other disciplines may assist periodically. The lead faculty and practitioner oversee cohort learning activities. Each cohort also has at least one representative from the community and one parent or youth. These community and family participants work with the cohort in identifying issues and implementing solutions which are appropriate and culturally relevant to the community.

Thus, each cohort contains:

- students from different disciplines
- A lead UW faculty and a support faculty member
- A lead practitioner, who is a practicing professional in the site
- One family and one community representative

Cohort Activities

The cohort works together as a team throughout an entire academic year.

- During fall quarter, the cohort members spend time learning the theoretical groundwork of collaboration and getting to know one another and the community in which they are working. The goal by the end of fall quarter is to identify an issue or problem at the site on which the cohort will focus for the remainder of the year as their collaborative cohort project. During fall quarter, cohort sessions take place for about one hour a week, for which students may receive one academic credit.

- During winter quarter, cohort members participate in a team-taught course. Half of the three-hour weekly course sessions are spent on campus with all TIC students. These classroom sessions cover in greater depth the skills, knowledge and attitudes which are necessary for effective collaboration. The other half of the sessions are spent at the site working on the collaborative cohort project identified during fall quarter. Students receive three academic credits for participation in the course.

- During spring quarter, students may once again receive one academic credit and spend the bulk of their cohort time in finalizing, implementing and reflecting on their cohort projects.

TIC is a pilot project, and 1993-94 is the first year that the collaborative cohort model is being used. As the model is evaluated, UW faculty and site practitioners will continue to learn with students about the strengths and weaknesses of the model. All project participants will work together to refine the learning experiences in light of this feedback.

UNIVERSITY OF WASHINGTON
Training for Interprofessional Collaboration (TIC)
Cohort Sessions, Fall 1993

Meeting weekly at TIC Community Sites (place to be arranged); 1 hr and 15 minutes sessions
Texts: Together We Can; Thinking Collaboratively

Proposed Calendar (Week of) October 4 **Orientation.** Introduction to a model of collaboration, to TIC, and to each other. Cohorts will meet together for this session to receive an orientation to the project, be presented with a model of collaboration, and get to know each other through a structured introduction. Assignment: Do interviews of your supervisor plus 1-2 others in the agency/school in which you are working. Follow interview format provided and record responses. READ Together We Can pp. 1-12 & 93-118; Thinking Collaboratively pp. 4-13.

October 11 **Serving as Voices for our own Profession.** In this discussion, you will use information gathered from interviews of your supervisors and 1 or 2 other professionals at the agency/school in which you are placed. You will share with each other what you have learned about collaboration and the mission/goals, values, and perceived problems of clients and the community. This will serve four learning purposes: articulating your own profession to others (objective 17); learning about the perspectives, etc. of collaborating professionals (18); understanding how beliefs affect one's actions and perceptions (I); and obtaining information on the problems/issues of the community--an initial form of assessment (~5-26). Assignment: Do cross-site visits to each others' agencies OR make visits to any one of the networked partners of the site community. Interview/observation protocol provided. READ TWC pp. 19-33.

October 18 **Hearing the Voices of Other Professions.** You will share information from the cross-site visits. This will serve two purposes: understanding additional information on collaborating agencies (18); and adding a second layer of information about the issues of the community for the assessment (25-26). Assignment: Visits with parents & community members to gather information about problems and perceived needs of the community, cultural patterns, leadership and helping patterns of subcultures, etc. Protocol provided. READ TWC pp. 3445; TC pp. 14-22.

October 25 **Learning from Parents & Community Representatives.** You will exchange information about the parent & community visits, moving toward statements of generalization from the data. (Knowledge from all three reporting sessions will build cumulatively, that is contribute to the formulation of generalizations about the community "personality" resources, and the identification of pressing issues and project opportunities acknowledged by multiple community participants.)

TIC Cohort Sessions, Fall 1993 cont'd

Assignment: Each person will prepare a short list (3-5) of the issues of greatest interest (areas of project opportunity) for the next session. Your list should also include a brief rationale for each inclusions on the list.

November 1 **Selecting a Focus**. This session will focus on arraying the pressing issues and identifying one that appears to have particular salience for the cohort group. Here you will be practicing some of the identified interpersonal skills (5, 6, 7, 8) and group process skills to a greater extent(11, 12, 14). After agreement on a single focus has been reached, you will turn to identifying additional information needed about the issue to be gathered from the local community, from experts, and from published sources. *Project will not yet be narrowed within the defined focus. This will come later. Assignment: Tasks will be divided among the participants for consideration in sessions to follow. READ TWC pp. 47-67; TC pp. 23-26.

November 8 **Gathering & Sharing Pertinent Information.** As information is shared the participants should be approaching answers to several questions: What is the nature of the problem? Who is affected? What is currently being done by different agencies to deal with the problem? What are some of the possible solutions to the problem and/or to parts of the problem? How would things look if the problem were solved? etc. Resource persons from the University and the community may join the group to provide information and/or advise in collecting information.

November 15 **Continuing, Arraying, and Focusing.** Continuing to gather and share information and focus on categorizing aspects of the issue (into potentially do-able projects), and arraying potential opportunities to make a difference. (Hold off premature closure on issue articulation and proposed plan for action until sufficient information has been gathered.). Practice of interpersonal and group skills as need within sessions, e.g. conflict management and negotiation skill (7-8). When ready, the group will move to statement of the issue and general statement on proposed plan of action to deal with a given component of that problem.

November 22 Hold no session due to **holiday** but encourage field work....

November 30 **Issue Articulation & Plan of Action "Finalized".** Final session of the quarter in which to articulate problem and outline specific plan of action, including tasks and timeline. Reflection on progress across the course of the eight sessions will be on the agenda along with an examination of which objectives have seen progress and which are yet to be dealt with or need more attention during winter and spring. A cohort statement shall be drawn up to guide action in the coming months.

Expectations: You will be expected to attend and participate in all cohort sessions, maintain a guided journal, complete readings and brief written assignment(s), and carry out project interviews, surveys, and other tasks as may be agreed to by the cohort. You will also be asked to hold in mind that this is a pilot project (which can mean mistakes will be made), that we are all learners here, and that while we are learning, we should forgive the shortcomings and have some good laughs too.

TIC Cohort Sessions, Fall 1993 cont'd

Suggested Orientation Format

- Orientation should open with something catchy, something that demonstrates collaboration (or lack thereof) . No talking heads! - Film (Eastside IST staffing meeting, Eli Creekmore) with panel commentary? - Role play by TIC faculty and staff? - What else?
- Presentations on "why collaborate?" - Deanery, Mary Frost, Rick Allen
- Site Introduction
- Team Building

**** Important to set a tone of collaboration and diversity from the outset ****

Communal Learning Sessions

Session 1. Visioning to Action to Implementation

Session 2. Group Process and Communication
- constructive controversy

Session 3. Organizational Savvy
- differences in organizational cultures: language, values, mission

Session 4. Challenges and Red Herrings
- categorical funding, confidentiality, organizational culture

Session 5. National Efforts (Rick?)
- reform: health care, education, welfare, etc. in relation to collaborative efforts

Session 6. Open (what have we forgotten?)

**** Weave diversity and client-centered focus into all sessions above ****

***** Use our own personal experiences as a lens that levels all participants *****

UNIVERSITY OF WASHINGTON
Training for Interprofessional Collaboration (TIC)
Supervisors' Seminar
Fall, Winter, Spring 1994

Objectives:
To provide all participants with several primary conceptual frameworks for understanding interprofessional collaboration;

To share the current information base on interprofessional collaboration, including model projects, development processes, and requisite individual skills;

To draw on supervisors' expertise in support of the cohort projects and the general TIC project development; and

To work jointly to develop field experiences for the interns to deepen their understanding of collaboration.

Texts:
Melaville, A. I. Blank, M.J. & G. Asayesh. (1993) Together We Can: A Guide for Crafting a Profamily System of Education & Human Services. Washington D.C. US. Departments of Education & Health and Human Services.

Bruner, C. (1991) Thinking Collaboratively: Ten Questions & Answers to help Policy Makers Improve Children's Services. Washington, D.C.: The Education & Human Services Consortium.

Other Selected Readings as appropriate.

****

Proposed Sessions:

Session I Orientation to the TIC project, to the Primary Schema and to Each Other

A session using slide presentation; dyad interviews & introductions; simulation and discussion. Participants will produce either brief descriptions of activities to introduce interns to the community or descriptions of incidents where collaboration among professionals was needed.

Session II Why & When to Collaborate: When to Cooperate
In this session the students will be introduced to a series of word pairs to use in characterizing situations in which one is evaluating whether to collaborate or not in direct service provision at the local level. The session will utilize analysis of several cases to explore the circumstances under which collaboration is more appropriate at the local level.

Session III Collaboration at the Policy Level
In this session students will consider collaboration among policy developers especially at the state level. They will explore the similarities and differences in collaboration at the direct service level and at the policy level. Guests may include those involved in state or regional policy making groups, such as the Family Policy Council of the state of Washington or comparable groups.

Session IV	Enhancing Skills in Group Processes Collaboration calls for consensus building skills and grounding in a general problem solving process to guide collaborative work. This session will focus on practicing several of the various requisite skills including listening, paraphrasing, creative controversy strategies, and decision-making models.
Session V	Successful Models of Collaboration Participants will explore two or more descriptions of collaborative activities such as Cities in Schools, C-STARS team case management, etc. These successful models will be presented either through written descriptions or by guest panelists. Students will make use of typologies for understanding collaboration as they discuss the models and consider their strengths and limitations for service provision and policy development.
Session VI	Understanding Communities & Capitalizing on Diversity Collaborative service provision requires enhanced understanding of the interests and wishes of the communities being served. A variety of strategies will be explored for tapping in to a community's hopes for itself. In addition participants will focus on responsiveness to the cultural diversity within communities.
Session VII	Seeking Collaborative Opportunities for Student Interns Participants will focus on creating a set of options for projects and activities to further collaborative service provision within their own communities. They will reexamine the various knowledge bases explored during the course of the seminar, and plan for their own continuing growth in collaborative knowledge.

Assignments:

1) Seminar participants will develop case studies based on their own professional experiences. These cases will illustrate common challenges faced by individuals and families and will also suggest varying levels of cooperation and/or collaboration in professional responses required.

2) Participants will analyze given prepared case studies using the various schema offered in the readings and in seminar sessions. These cases may be at the direct service provision level or at the policy development level.

3) Participants will generate a series of brief descriptions of potential group projects for future TIC students within their communities. These project ideas will be evaluated on the basis of the responsiveness to community needs, community and client involvement, interprofessional collaboration potential; student intern learning potential

4) Participants will write brief responses to the readings as assigned.

TIC Supervisors' Seminar 1994 cont'd

Evaluation

This course will be offered credit/no credit. Credit will be given on the basis of completed quality of written assignments and active participation in seminar sessions.

Additional References

Corrigan, D. (1994) Future directions of partnerships in education: schools, universities, and human service systems. In M.J. O'Hair & S.J. Odell (Eds.). Partnerships in Education. Teacher Education Yearbook II. New York: Harcourt Brace.

Fenichel, E.S. & Eggbeer, L. (1990) Preparing practitioners to work with infants, toddlers, and their families: Issues and recommendations for the professions. Arlington, VA: National Center for Clinical Infant Programs.

Georgia Board of Education (1993) Linking services for Georgia's young adolescents. Atlanta, Georgia.

Golden, O. (19911) Collaboration as a means, not an end: Serving disadvantaged families and children. In E. Shorr, D. Book, & C. Cozzle (Eds.). Effective services for young children: Background Papers. Washington, D.C.: National Academy Press.

Gray, B. (1989) Collaborating: Finding common ground for multiparty problems. San Francisco, CA: Jossey-Bass.

Hamburg, D.A. (1992) Today's children: Creating a future for a generation in crisis. New York: Times Books of Random House.

Hechinger, F. M. (1992) Fateful choices: Healthy youth for the 21st century. New York, N.Y.: Carnegie Council on Adolescent Development/Carnegie Corporation of New York.

Jacobs, L.A. (1987) Interprofessional clinical education and practice. Theory into practice. 26(2) pp. 116-123.

Kahn, A.J. & S. B. Kamerman (1992) Integrating services integration: An overview of initiatives, issues and possibilities. New York: National Center for Children in Poverty, Columbia University School of Public Health.

Knapp, M. S., K. Barnard, R.N. Brandon, N.J. Gehrke, A.J. Smith, & E.C. Teather. (1993) *University-based preparation for collaborative interprofessional practice*. In S. Gardner (Ed.) Politics of education association yearbook, pp. 137-151.

Levin, R A.(Ed.) (1994) Greater than the sum: Professionals in a comprehensive services model. Washington D.C.: ERIC Clearinghouse on Teacher Education.

Senge, P. (1992) The fifth discipline. New York.

UNIVERSITY OF WASHINGTON

Training for Interprofessional Collaboration (TIC)

Site Partnership/Curriculum July 1994

Orientation and Communal Learning Seminars Content - What should be covered?

Orientation

Who: Entire session: Students, faculty, staff
First half of first day: Students, faculty, staff, supervisors, site planning
group members, deans, Acting provost?

What (brainstorm):

Conceptual frameworks:
Constructive Controversy
Visioning to Action to Implementation
Collaborative Betterment vs. Collaborative Empowerment
Professional Role and Cultural Differences (good place for dean participation)
Client/Family, Strength Focus
Eastside Interagency Staffing Team presentation/video
What is Collaboration? When to collaborate, when to cooperate or coordinate?
Organizational Changes Required for Collaboration
Levels of Activity: Policy, Management/Administration, Direct Service

*** Agreed focus of Orientation should be on Team Building among cohorts**

Requires:
1. A common task
2. Identifying paraphernalia - TIC T-shirts, caps - cohorts can develop their own logos

Content of Orientation, following introduction: Site Introduction - site planning group and cohort facilitators present cohort project menu to each cohort group.

Team building activities and skills development - Students from last year's cohort could lead team building activity that enables students to get to know each other, and relates to real life work - such as professional focus, or individual skills: students divide into groups of 2-3 to identify each others' skills and how these skills relate to the menu of cohort project choices. (How about Sam McQuade and Hubert Locke, who else?)

Suggested Orientation Format:

- Orientation should open with something catchy, something that demonstrates collaboration (or lack thereof) . No talking heads! - Film (Eastside IST staffing meeting, Eli Creekmore) with panel commentary? - Role play—A Better Way by TIC faculty and staff? - What else?
- Presentations on "why collaborate?" - Deanery, Mary Frost, Rick Allen
- Site Introduction
- Team Building

**** Important to set a tone of collaboration and diversity from the outset ****

Communal Learning Sessions

Session 1. Visioning to Action to Implementation

Session 2. Group Process and Communication
- constructive controversy

Session 3. Organizational Savvy
- differences in organizational cultures: language, values, mission

Session 4. Challenges and Red Herrings
- categorical funding, confidentiality, organizational culture

Session 5. National Efforts (Rick?)
- reform: health care, education, welfare, etc. in relation to collaborative efforts

Session 6. Open (what have we forgotten?)

**** Weave diversity and client-centered focus into all sessions above ****

***** Use our own personal experiences as a lens that levels all participants *****

Next Meeting: 8/10/94, 11:30-1:00, **Room 201 Miller**

UNIVERSITY OF WASHINGTON

Format For the TIC Program (1994-95)

Overview

I. **Orientation to TIC**: Fall (November 18-19)
For *All participants* in the TIC project for the year.

- a. Team building
- b. Framework introduction
- c. Introduction of the project & players

II. **Weekly Cohort Caucus*** (Winter & Spring- Thursday nights or as arranged)
(First meeting—
January 11 to June 3)
(*Will not meet separately on weeks of Colloquia)

- a. Community Understanding
- b. Group Formation & Sustaining
- c. Project ID & Planning
- d. Project Implementation
- e. Project Reporting & Evaluation

III. **Monthly Community Colloquium**
Winter & Spring, Thursday nights, 6:00 p.m. - 9:00
Meeting Dates: January 4: February 1: March 7: April 4: May 2: June 6

- a. Communal Learning Activity: All Project Participants
- b. Reflective Learning Groups: Cross Cohort Membership
  - Seeking Common Issues & Themes
  - Generating Generalizations from Learnings
  - Identifying Common Learning Needs

IV. **Student Internships**
Arranged by professional schools with assistance of TIC Recruiter.

V. **Facilitator's Seminar**
Scheduled beginning November 10, 6-9:00 pm and at intervals throughout the year.

- A. Planning for Cohorts
- B. Content and Skills Enhancement
- C. Troubleshooting

VI. **Supervisor's Invitational Learning**
Supervisors of all TIC interns are invited to participate in the Community Colloquia during the Winter and Spring quarters. We encourage their involvement in the regular cohort caucuses as well.

UNIVERSITY OF WASHINGTON
Training for Interprofessional Collaboration (TIC)
Orientation
November 18-19, 1994

The goals of this two-day orientation are:

- To introduce participants in the 1994–95 TIC program to the project and its players.
- To provide time and activities for cohort team building.
- To initiate participants' explorations of frameworks for making sense of collaboration, human service provision and providers and family and community understanding.

Agenda

Friday, November 18, 3–6 p.m.

3:00 - 3:30	Welcome and introductions
3:30 - 4:00	Portraits of "The Real Collaborators": A dramatization
4:00 - 4:15	A brief review of the TIC project and goals: What will happen in TIC
4:14 - 4:30	Break and "Public Declarations": What I want to get from TIC
4:30 - 5:45	Cohort caucuses and teambuilding
5:45 - 6:00	Sharing of cohort activities and wrap-up

Saturday, November 19, 8 a.m. - 3 p.m.

8:00 - 9:00	Why collaborate? Portrayings of challenges and opportunities from the TIC sites Collaboration: The Big Picture
9:00 - 10:15	What is collaboration?
10:15 - 10:30	Break
10:30 - 11:30	Collaborative frameworks
11:30 - 12:30	Lunch
12:30 - 2:30	Cohort caucuses: Site descriptions and potential projects
2:30 - 3:00	Wrap-up: Review of orientation and preview of Winter Quarter

UNIVERSITY OF WASHINGTON
TRAINING FOR INTERPROFESSIONAL COLLABORATION (UCONJ 500)
CALENDAR AND READINGS WINTER-SPRING 1995

DATE	SESSION	READINGS
Jan. 5	Community Colloquium (T.T.) **Vision to Action to Implementation**	Collaboration Handbook, pp.
43-69		
	(Collaboration, Group Process/Comm.)	Joining Together: Review Ch.
1,7		
		Ch. 2, 3, 4
Month of January	**Cohort Caucuses** Specific Dates, Places, and Times Planned by Each Cohort	
Feb. 2	Community Colloquium(T.T.) **Leadership for Collaboration**	C. H. pp. 71-93 J.T: Ch. 5, 6, 8, 11
Month of February	**Cohort Caucuses**	
Mar. 2	Community Colloquium (M.B.) **Organizational Savvy** (Cultures, language, values, mission)	C.H. 95-136 J.T. Ch. 9, 10, 13 Other Readings as Assigned
Month of March	**Cohort Caucuses**	
March 20	Break Week -No Caucuses	
April 6	Community Colloquium (A.S.) **Challenges & Red Herrings** (Thorny issues like confidentiality)	Readings as Assigned
Month of April	**Cohort Caucuses**	
May 4	Community Colloquium (R.B.) **National Reforms & Local Efforts**	Readings as Assigned
Month of May	**Cohort Caucuses**	
June 1	Community Colloquium (N.J.G.) **Stories, Reflections, Celebration, & Endings**	

UNIVERSITY OF WASHINGTON
Training for Interprofessional Collaboration (TIC)
UCONJ 500 1994-1995

Reflective Group Leaders
Some Thoughts for
Al, Rick, Michelle, Cy, Ted, Maria, Janice & other interested folks

Reflective Groups Purpose: The small mixed groups are designed to give participants opportunities to think about the information and experiences they have had in TIC and generalize/theorize about them. As the TIC learning experiences proceed, the aim should be to help each student in constructing a personal theory of interprofessional collaboration. They are to focus not only on the nature of collaboration, but more specifically on collaboration among helping professionals which is designed to enhance the capacity of communities and families to act on their own behalf.

Sources for Reflective Discussions: The participants in the groups should be expected to draw on several sources of experience and information as they seek to construct their personal theories of interprofessional collaboration: experience *in cohorts; *experience in internships; *assigned readings; *community colloquia; *past professional and personal experiences, including that of others.

Reflection Group Activities: Each leader will have his/her own style, which will be affected a good deal by the particular mix of group participants. Nevertheless, it is important that all group leaders agree to keep the focus on group discussion of ideas about the central notions of interprofessional collaboration. The following cycle may be helpful to move students from experiencing to theorizing.

Discussion Phases:

Data Sharing --Telling about experiences; getting the information from all participants out on the table. This means leaders enable people to describe what happened in the cohorts, the community learning activities, the readings, and other experiences. "What happened?"

Interpreting & Analyzing --Making sense of the data. Interrogating the data: comparing and contrasting experiences and information, asking questions to clarify and understand data. (Sometimes this is combined with data sharing, but other times it must be sought after data has been shared.) The question "Why" is useful here, as well as questions that get participants to look for patterns or for differences. "What do you make of this?" "How can this be clarified?" "What conceptual framework(s) might help us interpret this?"

Generalizing -- Stating tentative hypotheses to explain and predict. "On the basis of the evidence we have. what can we generalize?" "What have we learned?" "What are the caveats?"

Applying -- Imagining new situations where the generalization(s) could be useful in the future, either in the cohort work, or in later efforts. "What are some situations where this generalization might be useful?"

TIC Program 1994-1995 Reflective Groups cont'd

Using the Prepared Study Questions --Before each community colloquium the students will receive three to five study questions related to the forthcoming session. They will be asked to write about at least one of these questions in their TIC journal before attending the colloquium. These study questions can reasonably be seen as among the potential starting points for the reflective sessions as well and you are encouraged to make full use of them. At the same time, participants experiences in their cohorts or internships may be so powerful (yet on a different issue than the colloquium) that you feel compelled to focus discussion on helping to make sense of the experiences and let the colloquium issue slide. Here you must be guided by your own sense of what is worth "theorizing about". Given the many sources of information the students can draw from, there will never be a shortage of experiences to discuss and ideas to consider. After the first colloquium, there will be a longer time available for reflection and you will be able to guide discussion to several different ideas.

Keeping a Record of Reflection --Your group should deal with this procedural matter. If it seems useful to encourage a person to act as recorder of the groups' discussion each time, by all means help it happen --on newsprint, or note paper to be shared later. If members believe that it will help them to have the notes as they go about personal theorizing, or if the group likes the idea of being able to look back at the jointly developed generalizations, great. Our project would benefit from such a record, but record keeping should not get in the way of a good discussion and paperwork should not swamp the group members.

Getting Started --On the first evening, you will have very little time with your reflective group. You will want to exchange names and begin to get to know each other. In addition, we suggest that you discuss one critical issue, namely, What guidelines will the participants follow in discussing the experiences they will be having in their cohorts? We know that it is imperative that they be able to talk about the experience, but we also know that such talk must be done with a sensitivity to the individual cohort participants and the cohort esprit de corps. Beginning to grapple with this issue may be a good way to get to know each other.

Good luck as you go "where no one has yet gone." Think of this as an adventure to be experienced. Lets see where it takes us.

NJG
January 2, 1995

UNIVERSITY OF WASHINGTON
Summer Institute of Public Health Practice 1995
Training for Interprofessional Collaboration (TIC)

Course Objectives:

The student will:

Understand and utilize personal knowledge and skills that enhance collaborative practice; identify and demonstrate interpersonal skills necessary to collaboration; analyze and demonstrate group process skills necessary for collaboration; understand the social-cultural context that shapes collaborative endeavors.

Course Content

Basic skills of collaboration include intrapersonal and interpersonal competencies, group process and negotiation skills, ability to deal with organizational structure and processes, and sensitivity to socio-cultural issues. These concepts and skills will be covered in this course, with experiential learning through a community case study and simulations of the collaborative process.

Course Assignment

Participation in the simulation of a collaboration to deal with preventing and reducing community forms of interpersonal violence.
Group presentation of collaboration effort .

Textbooks

Winer, M. & Ray, K (1994) *Collaboration Handbook, Creating Sustaining and Enjoying the Journey.* Saint Paul: Amherst H., Wilder Foundation.

Gray, B. (1989) *Collaborating: Finding Common Ground For Multi Party Problems*: San Francisco: Jossey-Bass Publishers.

Course Schedule

Monday

Topic: Nature of Collaboration
(Gray, pp. 55-94; also Winer & Ray, pp. 21-42)
Introduction to the Essences
Task: Learn about each other's reality

Tuesday

Topic: Group Factors in Collaboration
Leadership Tasks (pp. 46-59)
Control/Negotiation (p 76-81)
Group Stages (p. 82-91)
Task: Practice Group and Leadership Skills

TIC Summer Institute of Public Health Practice 1995 cont'd

Wednesday

Topic: Deciding on stakeholders, forming the collaboration
(Winer & Ray, pp. 72-75; 102-105; 123-128)
Task: Initial meeting of stakeholders to develop vision

Thursday

Topic: Communicating the vision, ala collaborating
Task: Bringing cards to the table, determining interests and resources
Initial statement of vision

Friday

Topic: Many voices, one vision
Task: Consensus on vision and mission statement
Presentation of Storyboard (vision, stakeholders, operating rules, outcomes)
Reflection

Day One

1. (1:00-1:20) Welcome students

2. (1:20- 1:30) Check on book and Gray article

4. (1:30-1:45) Introductions/ Name, collaboration interest

5. (1:45-2:00) Nature of collaboration
   a. Handout on nature of Collaboration
   b. Essences of Collaboration TIC (Transparencies and Graphics)

6. (2:00-2:05) Discuss week's schedule
   Goal: Form a collaborative group and come up with a mission statement
   Tuesday - Group Process
   Wednesday - Stake Holders
   Thursday - Vision and Mission statements
   Friday -Reporting and Reflecting

7. (2:05-2:15)Competencies of an Effective Collaborator
   Explain role play assignment
   Take one topic and develop a role play which demonstrates the importance of the topic in collaboration

8. (2:15 - 2:35) Groups of three
9. (2:35-3:00) Role Play

286

UNIVERSITY OF WASHINGTON
Interprofessional Collaboration
Orientation October 21, 27, 28, 1995

DRAFT III

The **Goals** of this two and a half day orientation are:
- To introduce participants in the 1995-96 TIC program to the project & its main players;
- To provide time and activities for cohort team building;
- To initiate participants explorations of frameworks for making sense of collaboration; human service provision & providers, and family & community understanding; and
- To introduce participants to the site communities.

Supplies needed: Some big sheet/screen that always shows which of the above goals is the focus of the current activity; overhead projector; essence posters; essence sheets.

October 21 (Saturday) UW Waterfront Activities Center 9:00 - 9:10 Welcome & Day's Overview (NJG) 10 min.

9:10 - 9:40 **Why We Need Collaboration:** A Dramatization wherein past students portray professionals from their domains coming to understand the need. One person also represents "The Family/Parent or Community". This should be done with exaggeration & humor, but should highlight some of the major facets of the professions and client issues, and be a stagesetter for later more serious looks at the professions and at keeping the client central. (The Ensemble) 1/2 hour NO MORE.

9:40 - 9:55. **A Brief Introduction to the TIC Project & Goals & Staff, Faculty (All sites)** (LD) 15 min.

9:55 - 10:15 **Introduction of the Professions & Sites & Public Declarations** Participants will have been asked to seat themselves at appropriate professional tables representing the five participating disciplines. Groups will be given 5 minutes to identify one thing they most want to learn from the TIC experience. As each discipline group is introduced, each person will be asked to give his/her name only and then one person will report the groups identified learning need. *We will ask people to write down their individual idea on a card or sheet, then we collect all at the break. (This will be the only time the groups will be seated by profession --symbolic of the move toward integration. Because cohorts will work separately much of the time, its important to give this early opportunity for everyone to at least get some chance to identify with their profession and an overview of who is in the whole crowd by profession.) (NJG) 20 min.

10:15 - 10:30 **Break**

10:30 - 11:30 **Why Collaborate: Portraits of Challenges & Opportunities**. Site Facilitators will each introduce their communities and projects. Sue, Mary, Chris, Craig: 10 min. and Sue will follow up by commenting on them as demonstration of the need for collaboration, and about how collaboration must occur at the client service level, the agency level, and the policy-makers level if we are to enhance the well-being of families & communities. Comments also welcome on need for University to work as part of the community. 10-15 minutes (KB)

11:30 - 12:30 **What is Collaboration?** Creating a visual model of collaboration (develops definition of collaboration and works on team building). Cohort organization for this activity. Debrief and clarify definition or focus on group process (NJG) 1 hour.

TIC Orientation October 21, 27, 28, 1995 cont'd p. 2

12:30 - 1:30 **Lunch** (At this time people who already recognize that they wish to change groups may "check in" with Laurie to request transfers.)

1:30 - 2:00 **Voices of Experience** Students from last year's cohorts briefly describe their significant experiences & learnings with good humor and high energy. Two or three students from different cohorts &/or professional schools (LD or Miebeth) (1/2 hour).

2:00- 3:55 **Cohort Caucus** *Activity One: Drawing Myself: (About 10 minutes to draw). Each person gets a big sheet of newsprint (or sandwich board) and a marker to draw him/herself in relation to X questions, e.g. 1) Who are you in relation to your family of origin? 2) Who are you as a member of a community? 3) Who are you as a professional? Why are you in a helping profession? 4) Who would you like to be in this cohort? What do you have to offer? 5) What do you want out of this project? Cohort members each explain their drawings to another, who then introduces him/her . Do this so it is accepting, invites personal disclosure, but doesn't get too demanding of personal revelations. *The rest of the cohort agenda determined by facilitators.

Facilitators further describe Sites & Potential Projects Menu; Make plans for cohort meeting sites; for community visits following week, etc. Take break as needed.

3:55 - 4:00 **Farewell & Overview of Next Two Orientation Days**

October 27 (Friday) Site Visits Arranged by Each Site

October 28 (Saturday) Continuing Orientation (Ida Culver at Broadview)
9:00 - 9:10 **Welcome & Overview** (NJG)

9:10-9:45 **Real Life, Policy, & Collaboration** Ruth Kagi for comments on a recent newsmaking situation wherein the need for collaboration among various professionals was apparent. This address will establish the set for the introduction of the critical frameworks below, about which the students will have done some prior readings (packet handed out at first session). (RB) 35 min.

9:45 - 10:45 **Connecting the Critical Frameworks to Real Life:** (RB) 1 hour. Collaborative Process/Stages) (MB) Communication & Constructive Controversy (TT) Strengths/Well-being Orientation --(AS) Community/Family Focus-- (CU) Betterment vs. Empowerment (KB) This session, staged by RB may be more formally organized as a kind of panel, or as a free flowing discussion responding to Kagi's comments wherein the responsible parties above insert their comments on the five frameworks as the discussion progresses.

10:45 - 11:00 **Break**

11:00 - 11:30 **Evaluation: Learning from What We Do**. (MK and/or AS)

11:30 - 12:45 **Cohort Caucuses** Continue Site-related Planning &/or do additional team building activity such as picking a cohort name. Facilitators will encourage the use (and naming) of constructive controversy processes here to begin to model this way of getting all ideas out and then deciding) Facilitators will wrap up for the day, being sure to ask that the orientation evaluation forms be completed before leaving; handing out any additional materials, confirming date for next cohort meeting, etc.

CRITICAL FRAMEWORKS OF COLLABORATION
TIC Orientation, October 21 & 28, 1995
University of Washington

STAGES OF COLLABORATION

1) Envision Results by Working Individual-to-Individual
Challenges: Bring People Together; Enhance Trust; Confirm Our Vision; Specify Desired Results

2) Empower Ourselves by Working Individual-to-Organization
Challenges: Confirm Organizational Roles; Resolve Conflicts; Organize the Effort; Support Members

3) Ensure success by Working Organization-to-Organization
Challenges: Manage the Work; Create Joint Systems; Evaluate the Results; Renew the Effort

4) Endow Continuity by Working Collaboration-to-Community
Challenges: Create Visibility; Involve Community; Change the System; End the Collaboration (Winer M. & Ray, K. (1994) *Collaboration Handbook*)

CAPACITY/STRENGTHS VERSUS NEEDS/DEFICITS

Primary Building Blocks - Assets Located Inside the Neighborhood, Under Neighborhood Control

Individual Assets	Organizational
Assets	
Skills, talents, & experience of residents	Associations of businesses
Individual businesses	Citizens
associations	
Home-based enterprises	Cultural
organizations	
Personal income	Communications organizations
Gifts of labeled people	Religious
organizations	

Secondary Building Blocks - Assets Located in the Community but Largely Controlled by Outsiders

Private & Non-Profit Organizations Services	Public Institutions &
Higher Ed. Institutions	Public Schools
Hospitals	Police
Social service agencies	Libraries
	Fire departments
	Parks

Physical Resources
- Vacant land, commercial & industrial structures, housing
- Energy and waste resources

Potential Building Blocks -- Resources from Outside the Neighborhood, Controlled by Outsiders

- Welfare Expenditures
- Public Capital Improvement Expenditures
- Public Information (McKnight & Kretzman, 1990, *Mapping community capacity*)

COLLABORATION FOR BETTERMENT OR EMPOWERMENT

BETTERMENT

* Begins outside the community within public, private, or nonprofit institutions brought into the community
* Community invited into a process designed and controlled by larger institution
* Produces policy changes & improvements in program delivery and services, but tends not to produce long-term ownership in communities or significantly increase communities' control over their own destinies.

EMPOWERMENT

* Begins with the community & is brought to public, private, or nonprofit institutions.
* Refers to capacity to set priorities & control resources essential for increasing community self-determination.
* Two basic activities: 1) organizing community in support of a collaborative purpose determined by the community, 2) facilitating a process for integrating outside institutions in support of this community purpose.
* Produces above changes AND more likely to produce long-term ownership (Himmelman).

CONSTRUCTIVE CONTROVERSY

...(Ensure that there are several cycles of differentiation (delineating differences in positions) and integration (combining several positions into one new, creative position).

Differentiation must precede integration. Differentiation involves seeking out and clarifying differences among members' ideas, information, conclusions, theories, and opinions. ...(H)ighlighting the differences among members' reasoning and seeking to understand fully what the different positions and perspectives are. All different points of view must be presented and explored thoroughly before new, creative solutions are sought.

Integration involves combining the information reasoning, theories, and conclusions of the various group members are satisfied... The group should never try to integrate members' positions before adequate differentiation has taken place. The potential for integration is never greater than the adequacy of the differentiation already achieved. Most controversies go through a series of differentiations and integrations before reaching a final decision (Johnson & Johnson)

FAMILY FOCUSED

Support Principles Family oriented services and supports that respond to the changing nature of families and to what individuals and families say they need, and are culturally relevant, coordinated, locally planned, community-based prevention, outcome based, customer oriented and creative.

COMMUNITY FOCUSED SUPPORTING FAMILIES*

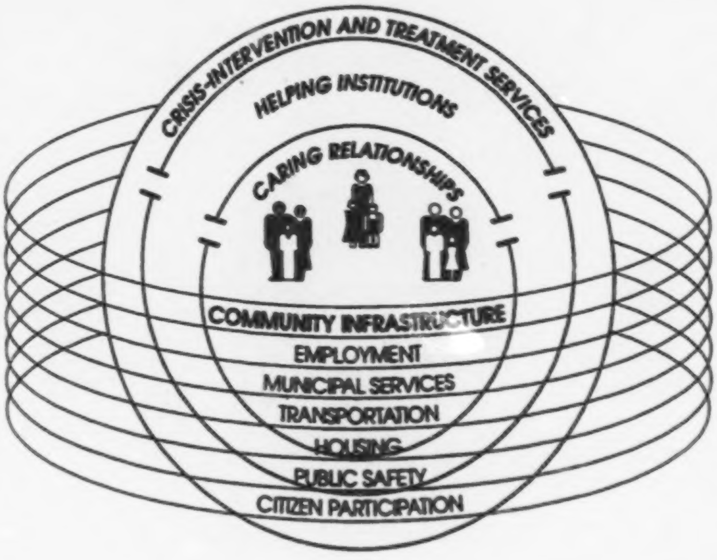

CRISIS-INTERVENTION AND TREATMENT SERVICES
HELPING INSTITUTIONS
CARING RELATIONSHIPS
COMMUNITY INFRASTRUCTURE
EMPLOYMENT
MUNICIPAL SERVICES
TRANSPORTATION
HOUSING
PUBLIC SAFETY
CITIZEN PARTICIPATION

Figure 1. A Vision of Communities Where Learning Can Happen

* Melaville, A., Blank, M. J. & Asayesh, G. (1993). *Together we can*, p. 7. Washington: U.S. Government Printing Office. U.S. Department of Education and U.S. Department of Health and Human Services.

BEST COPY AVAILABLE

UNIVERSITY OF WASHINGTON
TRAINING FOR INTERPROFESSIONAL COLLABORATION (UCONJ 500)
CALENDAR AND READINGS
WINTER-SPRING 1996

DATE SESSION

Jan 4 Community Colloquium(RB)
Sociopolitical Forces Shaping Collaboration

READINGS:
Kahn & Kammerman, "Integrating services integration: An overview of initiatives, issues and possibilities." (Read the *Summary* section).
Wang, Haertel & Walberg, "The effectiveness of collaborative school-linked services" Crowson & Boyd, "Coordinated services for children: Designing arks for storms and seas unknown."
Meyers, "Organizational factors in the integration of services for children."
Johnson, "What about block grants? A view from the trenches" and Stangler, "Lifeboats vs. safety nets: Who rides...who swims," In *Dollars and sense: Diverse perspectives on block grants and the personal responsibility act.*

Suggested:
Tyack, "Health and social services in public schools: Historical perspectives."
Farrow, "Going to scale: The importance of funding."
Brandon, "Social accountability: A conceptual framework for measuring child/family well-being."
Case: "Improving children and family services in Iowa."

January 11 Community Colloquium (TT)
Group Process for Effective Collaboration

READINGS:
Collaboration Handbook (C. H.) pp. 43-69.
Joining Together (J. T.) Ch. 7.
Senge, " Shared vision," In *The fifth discipline*, pp. 205–232.

Suggested:
J. T. Ch. 4, 5 & 8.
Toseland & Rivas "Leadership," pp. 77–110.
Golden "Collaboration as a means, not an end" pp. 84–102.

January 18 Community Colloquium (MB)
Bridging Professional & Organizational Boundaries

READINGS:
C. H. pp. 71-93.
Morill, "Overview of service delivery to children," pp. 32–43.
Johansson, "Between organizations," pp. 114–131.

Abramson, "Orienting Social Work Employees in Interdisciplinary Settings: Shaping Professional Organizational Perspectives," pp. 152–157.
Hord, "A Synthesis of Research on Organizational Collaboration," pp. 22-26.

Suggested:
J. T. Review Ch. 9, 10, & 13.

January 25 Community Colloquium (B. Maurer)
Collaborative Planning for Integrated Services

READINGS:
C.H. pp. 95-136.
Senge, Ch. 10 " Mental models," In *The fifth discipline*, pp. 174–204.
Young, Gardner & Coley, "Getting to outcomes in integrated service delivery models," & Shorr, "The case for shifting to results-based accountability," BOTH in *Making a difference: Moving to outcome-based accountability for comprehensive service reforms*, pp. 7–28.
Weiss, "Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families," In *Approaches to evaluating community initiatives*, pp. 65–92.

Suggested:
J.T. Ch. 5, 6, 8 & 11.
The Casey Foundation, "The path of most resistance: Reflections on lessons learned from *New Futures*.

February 1 Community Colloquium (RB)
Partnering with Communities

READINGS:
C. H. pp. 117–136.
Kretzman & McKnight, "Building communities from the inside out," Introduction & Ch. 1.
Moore, "Re-defining, re-inventing and re-establishing community," In *Whole Child & Whole Community*, pp. 5–10.

Suggested:
Kretzman & McKnight, Ch. 2 & 3.
O'Callaghan, "School-based collaboration for families," Ch. 1, pp. 3–22.
Gardner, "Failure by fragmentation," In *Whole child & whole community*, pp. 11–17.

All Colloquia held on Thursdays: 6:00 - 9:00 p.m., Ida Culver Center.

Cohort Caucuses week of:
Feb. 5, Feb. 12 & Feb. 19; March 4, March 11, Spring Break Week/ No Caucuses March 18 & March 25; April 1, April 8, April 15, April 22 & April 29; May 6, May 13 & May 20

June 7 Community Colloquium **Stories, Reflections, Celebration, & Endings**

GUIDELINES FOR STUDENT JOURNALS (1/19/95)

The materials sent to you on December 15 indicated that students would be asked to keep a journal of their experience with TIC.

The journals are intended to serve two purposes: 1) preparation for the monthly community colloquia, and 2) reflection on the student's experience with the cohort and other TIC activities.

1) Preparation for the community colloquia involves reading the assigned materials, then preparing a brief (i.e., 1-2 paragraphs) written response to each of a set of questions related to the topic of the colloquium. These questions are intended to encourage thoughtful response to the readings, and to serve as the basis for the discussions in the reflective groups. These responses may be brought to the community colloquia, for discussion in the reflective groups.

2) Reflection on the cohort experience is intended to help students think about their own skills development within the context of the cohort - e.g., how the cohort group is progressing with its tasks and processes, how the student is participating in the cohort, and how their collaborative skills are developing. Students are encouraged to write in their journals at least once a week - a good time is just after the cohort has met and the experience is still fresh in the students' minds.

Journals will be handed in to the cohort facilitators at the second meeting of each month, that is: February 6, March 6, April 10, May 8, and at the end of spring quarter. (Cohorts that meet on days other than Thursdays will need to adjust this schedule accordingly.) Facilitators will read the journals, make notes or comments, and return the journals to the students at the following session. **Journals will be confidential; only the cohort facilitators will read them.** They will not be graded. Reading the journals will permit the facilitators to assess the students' learning and to suggest additional questions or issues individual students might think about. It will also assist the TIC project in assessing how well the various activities address student learning needs.

Format for the journals will be up to the individual student - feel free to organize your thoughts in a way that is most useful to you. Separate entries should be dated, so facilitators can tell when one entry ends and the next begins. The TIC Learning Objectives (these were included in the Orientation Manual) can serve as a useful guide in writing journal entries, and in helping the student assess their own learning. Examples of additional questions that might be addressed include:

a. What are my values and attitudes about collaboration?
b. What are my strengths and weaknesses in collaboration? What can I do to change?
c. At this time, what is my level of trust, commitment and interest in the ideas and goals of this group? How does it affect my participation?
d. How have I contributed to the work of the group?
e. What are my thoughts about giving and receiving feedback? Was it helpful? Can I use feedback from other members of the group to improve my functioning in the group?
f. I have learned that people in my profession think....
I have learned that people in other professions think....
The implications of these similarities and differences for collaboration are...

GUIDELINES FOR THE REFLECTIVE SESSIONS

Students may also want to use the journals to compare and contrast what is learned through the colloquium lectures, experiences in the cohort group, and discussions in the reflective sessions. A loose-leaf binder would be useful for keeping the journals, since separate entries can be handed in without interrupting journal entries. Journal entries do not have to be typed, but handwritten entries must be legible.

Reflective sessions will constitute part of the monthly community colloquia. Reflective groups were formed at the first colloquium on January 5; those groups will continue to meet throughout the year.

The format for the reflective sessions is flexible. In general, the readings, discussion questions, and didactic presentations provide the background material, and the reflective sessions offer an opportunity for the group to explore some or all of the topics and to share experiences related to those topics. Specific topics may be addressed in a cursory or a detailed way, depending on the interests of members. Students may want to bring their responses to the discussion questions to the session, as a way to generate discussion around topics they found particularly interesting. Experiences from the cohorts may be brought up in the reflective sessions if they are relevant to the discussion; however, two ground rules must be observed: 1) cohort members are responsible for maintaining confidentiality regarding sensitive matters; and 2) conflicts or concerns about the cohort must be addressed and resolved in the cohort, not in the reflective session.

Facilitators of the reflective sessions are responsible for seeing that the topics of interest are covered, that all group members have a chance to participate, and for recording the content (briefly) of each session in a journal.

CALIFORNIA STATE UNIVERSITY, FULLERTON
School of Human Development and Community Service

HCS 500 Theory and Methods of Services Integration (3 units)

A. Course Description

Prerequisite: Baccalaureate degree or consent of instructor. Interdisciplinary study of current services delivery systems; the changing environment of children and family systems; methods of negotiating collaboration at the policy level, providing integrated services at the client/worker level and planning community-based services; outcomes-based funding and evaluation. Fieldwork required.

B. Course Objectives By the end of the course students will be able to:

1. Exhibit a broad understanding of the origins, history, and theoretical underpinnings of collaborative approaches to serving children and families through systems which are integrated from the perspective of the client.
2. Explore how collaborative approaches affect daily practice in serving children and families. drawing upon the experience of different disciplines and professions, such as education, health, counseling, human services nursing, and criminal justice, within a framework of development that encompasses a child within a family, a family within a community, and a community within its culture.
3. Analyze current trends in public policy giving greater emphasis to collaborative services to children and families.
4. Make critical judgments about the process and content of current delivery systems as contrasted with collaborative services, including distinctions among different types of collaboration and assessment of their outcomes.

C. Course Schedule

This course will be offered on an intensive basis on five weekend days (0800 to 1200; 1300 to 1450). The weekend days will provide 1740 minutes of contact; the observations will provide 660 minutes of contact to meet the required 2400 minutes of contact.

D. Course Outline

Session 1 (equivalent to weeks 1-3) Definitions and introductory framework

Topics: Systems change definitions
Today's system and the one coming into being
History of prior collaborative efforts in human services and education
Theoretical bases for collaboration in serving children and families

Readings:

Cutting through the red tape. Meeting the needs of California's children. (1992). Sacramento: California School Boards Association. California State Association of Counties and League of California Cities.

Edelman, P. & Radin, B. (1991). Serving children and families effectively: How the past can help chart the future. Washington, D.C.: Education and Human Services Consortium.

Gardner, S. (1989). Failure by fragmentation. California Perspectives, 4, pp. 18-25.

Tyack. D. (1992). "Health and social services in public schools: Historical perspectives," In R. Behrman. (Ed.). The Future of Children, 2(1), pp. 19-31.

Activities:
See course requirements:

Session 2 (equivalent to weeks 4-6) Models of collaboration

Topics: Discussion of cases requiring integrated services
Recent developments emphasizing collaborative, family-centered services
School-linked services
Neighborhood-based services
Case managers' purchase of services
Family resource/family support services
Issues of practice which arise in collaboration: assessment, case management, interprofessional communication across departments, barriers to collaboration

Readings:
SB 620 proposals

Giangrico, M. F., Edelman, S., & Dennis, R. (1991). "Common professional practices that interfere with the integrated delivery of related services." Remedial and Special Education: RASE, 12(2), pp. 16-22.

Hodgkinson, H. (1989). The same client. Washington. D. C.: Institute for Educational Leadership and Center for Demographic Policy.

Activities:
See course requirements

Session 3 (equivalent to weeks 7-9)

Topics: Collaboration, public policy. and outcomes
Interpersonal issues in collaboration ; Issues of diversity and collaborative services: family centered services within a multicultural environment
Funding and program design issues in California and nationally

Readings:
Adler, L., & Gardner, S. (Eds.) (in press). The politics of education yearbook: The politics of linking schools and social services. London: Falmer Press.

Chang, H. (1992). "Diversity, the essential link in collaborative services." California Perspective. 3, pp. 16-20.

Osborne, D., & Gaebler, T. (1992). Reinventing government: How the entrepreneurial spirit is transforming the public sector. Reading, MA: Addison-Wesley.

Schorr, L. (1988). Within our reach. Breaking the cycle of disadvantage. New York: Anchor Press/Doubleday.

Activities:
Myers-Briggs inventory

Also see course requirements

Session 4 (equivalent to weeks 10-12)

Topics: System change
Collaborative services and outcomes
Today's system and the system we are constructing
The professional as change agent

Readings:
Jehl, J. & Kirst, M. (1991). "Getting ready to provide school-linked services: What schools must do," In Behrman. R. (Ed.). *The future of children.* 2(1), pp. 95-106.

Activities:
See course requirements

Session 5 (equivalent to weeks 13-16)

Topics: Evaluation and future direction
Evaluating collaboration
Further directions for interprofessional education
Presentation of team reports from field work

Readings:
Lux, D. (Ed.). (1987, Spring). Theory into practice: Interprofessional education. Columbus. OH: College of Education, The Ohio State University.

Activities:
See course requirements

E. Course requirements

2. Written assignments will be:

For Session 2 :
Individual ---
- a. Critique one of the assigned articles;
- b. Identify issues related to collaboration which are of personal interest; justify why these issues are of importance;

Group ---
- c. Briefly discuss the issues which have been identified in the fieldwork site;
- d. Come to class prepared to discuss a model or program which illustrates some of the concepts of services integration and collaboration discussed in the first session. Prepare notes to be submitted to the faculty which briefly describe the program and two or three issues which the program faces in implementation;

For Session 3
Individual ---
- a. Prepare an annotated bibliography of at least five articles or other publications, drawing as much as possible on your own field of interest, and focusing on interpersonal and diversity issues. Feel free to use reports from schools or other agencies if they raise larger issues beyond the local site and could be useful to practitioners from other sites;
- b. From the personal list of issues of interest. select one issue and identify outcome measures which could be used;

Group---
- c. From the fieldwork site identify strategies which are being used, or could be used to overcome identified barriers;

For Session 4:
Individual---
- a. Prepare an annotated bibliography of at least five articles or other publications, drawing as much as possible on your own field of interest. and focusing on change and service outcomes;

Group---
- a. From the fieldwork site and readings identify at least three policy issues related to the development, delivery or outcome of integrated services. Be prepared to propose a solution for at least one of the issues in class discussion;

For Session 5:
Individual---
- a. In relation to the development of the team report. reflect on the group process involved in the report's development, including some reflections on the contribution of each member of the group.

Group---
- b. The written report described in the first course requirement will be turned in.

F. Evaluation

Class discussion	30%*
Written assignments	35%
Critique (10%)	
Annotated bibliographies (20%)	
Evaluation of group process (5%)	
Field work report	35%

*Evaluation of class discussion will be based on the quality and frequency of contributions as well as the use of communication techniques to support and encourage the participation of others. The quality of content will include the development of original ideas as well as application of content from the literature and fieldwork sites. Peer evaluation will be weighted equally with faculty evaluation to arrive at the grade for class discussion.

BIBLIOGRAPHY

Adler, L., & Gardner, S. (Eds.) (in press). The politics of education yearbook: The politics of linking schools and social services. London: Falmer Press.

Asayesh, G., Blank, M., & Melaville, A. (1993). Together we can. A guide for crafting a profamily system of education and human services. Washington, DC: United States Department of Education.

Behrman, R. (Ed.). (1992, Spring). The future of children: School linked services. Los Altos, CA: Center for the Future of Children. The David and Lucille Packard Foundation.

Chang, H. (1992). Diversity: The essential link in collaborative services. California Perspective, 3, pp. 16-20.

Chang, H., & Sakai, L. (1993). Affirming children's roots. San Francisco, CA: California Tomorrow.

Cutting through the red tape: Meeting the needs of California's children, (1992). Sacramento: California School Boards Association. California State Association of Counties and League of California Cities.

Edelman, P., & Radin, B. (1991). Serving children and families effectively: How the past can help chart the future. Washington. D.C.: Education and Human Services Consortium.

FYI: HHS Report: Integrated services can make the difference. Caring families: Supports and intervention, (1990) Children Today. 19(6), p. 1.

Gardner, S. (1989). "Failure by fragmentation," California Perspectives. 4, pp. 18-25.

Gardner, S. (1993). Key issues in developing school-linked, integrated services. Education and Urban Sociology, 25, pp. 141-145.

Giangrico, M. F., Edelman. S., & Dennis, R. (1991). Common professional practices that interfere with the integrated delivery of related services. Remedial and Special Education: RASE, 12(2), pp. 16-22.

Hodgkinson, H. (1989). The same client. Washington, D. C.: Institute for Educational Leadership and Center for Demographic Policy.

Lux, D. (Ed.). (1987, Spring). Theory into practice. Interprofessional education. Columbus, OH: College of Education. The Ohio State University.

Osborne, D., & Gaebler, T. (1997). Reinventing government: How the entrepreneurial spirit is transforming the public sector, Reading, MA: Addison-Wesley.

Rosenbloom, A. (1993). A public/private partnership providing an integrated system of health care for children: The Children's Medical Services Program in Florida. Clinical Pediatrics, 32, pp. 597-601.

Schorr, L. (1988). Within our reach: Breaking the cycle of disadvantage. New York: Anchor Press/Doubleday.

Uphold, C. (1993). Schools as centers for collaborative services for families: A vision for change. Nursing Outlook, 41, pp. 204-209.

CALIFORNIA STATE UNIVERSITY, FULLERTON
School of Human Development and Community Service

HCS 501 Practicum in Services Integration (3 units)

A. Course Description

Prerequisite: HCS 500. Techniques and practices in needs assessment and program evaluation in integrated services serving children and families. Includes design and evaluation of systems for collaborative practice.

B. Course Objectives

By the end of the course students will be able to:

1. Identify needs assessment and program evaluation processes appropriate for the design and implementation of collaborative services.
2. Evaluate the current status of the delivery of integrated services to children and families.
3. Design integrated services delivery systems, based upon needs assessment and providing for outcome evaluation.

C. Course Schedule

This course will be a combination of seminars (30 hours) and team field experience (45 hours) during the semester. The seminars will meet on five weekend days, combined with the fieldwork during which students will function as part of a team.

D. Course Outline

Seminar 1 (equivalent to weeks 1-3)
Needs assessment techniques and strategies

Readings:

Anderson, C. L., Jesswein, W. A., & Fleischman, W. (1990). Needs assessment based on household and key informant surveys. Evaluation Review, 14, pp. 182-288.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills: Sage.

Parsons, R. J., Henderson, D. W. & Palazzo, J. M. (1990). Community needs assessment: An integrated approach. National Civic Review, 79, pp. 426-48.

Seminar 2 (equivalent to weeks 4-6)
Use of needs assessment data

Readings:

Bedrosian, O. T., & Krutch. C. (1990). Building community support through a needs assessment survey. Spectrum, 8(3), pp. 35-39.

DeVillaer, M. (1990). Client centered community needs. Evaluation and Program Planning, 13, pp. 211-214.

Kaufman, R. & Bowers, D. (1990). Proactive and reactive planners: An even closer look at needs assessment and needs analysis. Performance and Instruction, 29(5), 7-12.

Ott, J. S. (1991). A comparison of two methodologies for assessing human service needs and an assessment of the impacts of methodological choices on identified needs. Journal of Health and Human Resources Administration, 14, pp. 132-140.

United Way of Orange County (1986). Orange County needs assessment. Orange County, CA: Author.

Activities prior to seminar:
Design a needs assessment for an area of service delivery which is of personal interest. Be prepared to discuss how the data from use of the tool would be used. Each of the tools will be reviewed in class.

Seminar 3 (equivalent to weeks 7-9)
Program evaluation--why and how

Readings:

Berk, R.A. & Rossi, P. H. (1990). Thinking about program evaluation. Newbury Park, CA: Sage.

Davis, B. G. (Ed.) (1986). Teaching of evaluation across the disciplines. San Francisco, CA: Jossey-Bass.

Faerman, S. R., & Jablonka, K. D. (1990). Outcome assessment: A tool for enhancing quality, relevance, and accountability. International Journal of Public Administration, 13, pp. 257-260.

Larson, C. L., & Presskill, H. (Eds.) (1991). Organizations in transition: Opportunities and challenges for evaluation. San Francisco, CA: Jossey-Bass.

Madison, A. (Ed.) (1992) . Minority issues in program evaluation. San Francisco. CA: Jossey-Bass.

Nowakowski, J. (Ed.) (1987). The client perspective on evaluation. San Francisco: Jossey-Bass.

Activities prior to seminar:

Prepare an annotated bibliography on outcome evaluation from a minimum of ten sources.

Seminar 4 (equivalent to weeks 10-12)
Designing service delivery systems

Readings:

Altschuld, J. W., Sook Yoon, J., & Cullen, C. (1993). The utilization of needs assessment results. Evaluation and Program Planning, 16, pp. 279-288.

Champney, T. F. (1993). Comments on the use of multiple roles to maximize the utilization of outcome research. Evaluation and Program Planning, 16, pp. 335-336.

Martinez, R. J. (1992). Matching services with needs. Thrust for Educational Leadership, 12(4), pp. 32-35.

Activities prior to seminar:

Prepare an annotated bibliography on program design from a minimum of ten sources. Be prepared to discuss aspects of program design which are unique to integrated services.

Seminar 5 (equivalent to weeks 13-16)
Team presentations of evaluation of fieldwork agencies
Team reports on design of a delivery system

E. Course requirements

Students will work in interdisciplinary teams in settings which provide integrated services to families and children to identity the needs assessments used in creating the programs, the program evaluation techniques in place, and the service outcomes. Students will also design a system for delivery of integrated services--either a modification of the one in which they are doing their fieldwork or a completely new agency. The design will include appropriate needs assessment, service implementation with identified desired outcomes, and program evaluation techniques and strategies. Both oral and written reports will be required of each team.

F. Evaluation

Seminar participation	30% *
Evaluation of field agency	35%
System design project	35%

Evaluation of seminar participation will be based on the quality and frequency of contributions as well as the use of communication techniques to support and encourage the participation of others. The quality of content will include the development of original ideas as well as application of content from the literature and fieldwork sites. Peer evaluation will be weighted equally with faculty evaluation to arrive at the grade for seminar participation.

BIBLIOGRAPHY

Altschuld, J. W., Sook Yoon, J., & Cullen, C. (1993). The utilization of needs assessment results, Evaluation and Program Planning, 16, pp. 279-288.

Anderson, C. L., Jesswein, W. A., & Fleischman, W. (1990). Needs assessment based on household and key informant surveys. Evaluation Review, 14, pp. 182-288.

Bedrosian, O. T., & Krutch, C. (1990). Building community support through a needs assessment survey, Spectrum, 8(3), pp. 35-39.

Berk, R. A., & Rossi, P. H. (1990). Thinking about program evaluation. Newbury Park, CA: Sage.

Champney, T. F. (1993). Comments on the use of multiple roles to maximize the utilization of outcome research. Evaluation and Program Planning, 16, pp. 335-336.

Courtney, M. (1993). Standardized outcome evaluation of child welfare services out-of-home care: Problems and possibilities. Children and Youth Services Review, 15, pp. 349-360.

Davis, B. G. (Ed.) (1986). Teaching of evaluation across the disciplines. San Francisco, CA: Jossey Bass.

DeVillaer, M. (1990). Client centered community needs. Evaluation and Program Planning, 13, pp. 211-214.

Ellis, T., Murk, P., & Ipson, G. (1993). Community visioning: Generating support and action for community education, Community Education Journal, 20(3), pp. 16-20.

Faerman, S. R., & Jablonka, K. D. (1990). Outcome assessment: A tool for enhancing quality, relevance, and accountability. International Journal of Public Administration, 13, pp. 257-260.

Kaufman, R., & Bowers, D. (1990). Proactive and reactive planners: An even closer look at needs assessment and needs analysis. Performance and Instruction, 29(5), pp. 7-12.

Kuechler, C. F., Velasquez, J. S. & White, M. S. (1988). An assessment of human services program outcome measures: Are they credible, feasible, useful? Administration in Social Work, 12(3), pp. 71 -75 .

Larson, C. L., & Presskill, H. (Eds.) (1991). Organizations in transition: Opportunities and challenges for evaluation. San Francisco, CA: Jossey-Bass.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills: Sage.

Madison, A. (Ed.) (1991). Minority issues in program evaluation. San Francisco, CA: Jossey-Bass.

Martins, R. J. (1991). Matching services with needs. Thrust for Educational Leadership. 11(4), pp. 31-35.

Mohair, L. B. (1988). Impact analysis for program evaluation. Chicago: Dropsy.

Moskowitz, J. M. (1993). Why reports of outcome evaluation are often biased or uninterpretable: Examples from evaluations of drug abuse prevention programs. Evaluation and Program Planning, 16, pp. 1-15.

Mowbray, C. T., Cohen, E., & Bybee, D. (1993). The challenge of outcome evaluation in homeless services: Engagement as an intermediate outcome measure. Evaluation and Program Planning, 16, pp. 337-339.

Nowakowski, J. (Ed.) (1987). The client perspective on evaluation. San Francisco: Jossey-Bass.

Ott, J. S. (1991). A comparison of two methodologies for assessing human service needs and an assessment of the impacts of methodological choices on identified needs. Journal of Health and Human Resources Administration, 14, pp. 132-140.

Parsons, R. J., Henderson, D. W., & Palazzo, J. M. (1990). Community needs assessment: An integrated approach. National Civic Review, 79, pp. 426-428.

Patton, M. Q. (Ed.) (1985). Culture and evaluation. San Francisco: Jossey-Bass.

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed.). Newbury Park: Sage.

Rawlins, P. S., Rawlins, T. D., & Horner, M. (1990). Development of the family needs assessment tool. Western Journal of Nursing Research, 12, pp. 201-214.

Royse, D. D. (1992). Program evaluation: An introduction. Chicago: Nelson-Hall.

Shadish, W. R., Cook. T. D., & Leviton, L. C. (1991). Foundations of program evaluation theories of practice. Newbury Park, CA: Sage.

Turpin, R. S., & Sinacore, J. M. (Eds.) (1991). Multisite evaluations. San Francisco, CA: Jossey-Bass.

United Way of Orange County (1986). Orange County needs assessment. Orange County, CA: Author.

University of Kansas

Course Outline
Policy Studies in School Reform: Services Integration

SPED 980
Wed 9-12
2010 Dole

Wayne Sailor (864-4950)
w-sailor@ukans.edu
Gwen Beegle (864-0726)

Seminar

This course is an interdisciplinary research seminar in public policy and school reform offered by the Department of Special Education, Area of Interdisciplinary Policy Leadership and the KU University Affiliated Program. Enrollment is open to advanced graduate students in the social sciences and professional schools. The seminar will be concerned with postmodern transformations in education, social and health service systems associated with the movement toward services integration. Issues associated with school restructuring and the role of special education in this process will be examined in some detail.

Requirements

- Each student will be expected to take responsibility for leading the discussion on one or more reading assignments each week (or at other scheduled times).
- Each student will select a community within the state of Kansas for in-depth study early on, and conduct research necessary to build a case analysis of that community's progress toward services integration as a final project for the course. This project will be completed by November 5th, presented for class discussion, then revised and handed in as a final product on December 13th.

Evaluation

Participation in seminar discussions	20%
Community research report	60%
Final written examination	20%

Outline and Readings

1. **Philosophical Root of Service Transformations: Modern/Postmodern Framework (August 23, 30)**

   Readings

   1. Goerner, Sally J. (1994). The ecological universe. *Chaos and the evolving ecological universe.* Langhorne, PA: Gordon and Beach.
   2. Goerner, Sally J. (1994). Reconciliation. *Chaos and the evolving ecological universe.* Langhorne, PA: Gordon and Beach.
   3. Danforth, S., Rhodes, W., & Smith, T. (1995). Inventing the future: Postmodern challenges in educational reform. In J. L. Paul, H. Rosselli, & D. Evans (Eds.), *Integrating school restructuring and special education reform.* Ft. Worth, TX: Harcourt Brace College Publishers.
   4. Sailor, W., & Skrtic, T. (1995). American education in the postmodern era. In J. L. Paul, H. Rosselli, & D. Evans (Eds.), *Integrating school restructuring and special education reform,* (pp. 41432). Ft. Worth, TX: Harcourt Brace College Publishers.
   5. Sampson, E. E. (1993). Identity politics: Challenges to psychology's understanding. *American Psychologist, 48*(12), pp. 1219-1230.

6. Day, J. M., & Tappan, M. B. (1995). Identity, voice, and the psycho/dialogical perspectives from moral psychology. *American Psychologist.*

2. History of Services Integration (Sept. 6)

Readings

1. Tyack, D. (1992). Health and social services in public schools: Historical perspectives. *The Future of Children,* 2(1), pp. 19-31 .
2. Kagan, S. L., & Neville, P. R. (1993). Part I: Service integration in historical perspective. *Integrating human services: Understanding the past to shape the future.* New Haven, CT: National Center for Service Integration, Yale University Press.
3. Kagan, S. L., & Neville, P. R. (1993). Part II: The theoretical context for service integration. *Integrating human services: Understanding the past to shape the future.* New Haven, CT: National Center for Service Integration, Yale University Press.
4. Melaville, A. I., Blank, M. J., & Asayesh, G. (1993). Part I: Outlining a vision for change. *Together we can: A guide for crafting a profamily system of education and human services.* Washington, DC: U.S. Government Printing Office.
5. Agranoff, R. (1991). Human services integration: Past and present challenges in public administration. *Public Administration Review, 51*(6), pp. 533-542.

3. Current Perspectives on Services Integration (Sept. 13)

Readings

1. Kagan, S. L., & Neville, P. R. (1993). Part III: Practical realities: Implementing service integration. *Integrating human services: Understanding the past to shape the future.* New Haven, CT: National Center for Service Integration, Yale University Press.
2. Kagan, S. L., & Neville, P. R. (1993). Part IV: Putting the past to work for the future. *Integrating human services: Understanding the past to shape the future.* New Haven, CT: National Center for Service Integration, Yale University Press.
3. Melaville, A. I., Blank, M. J., & Asayesh, G. (1993). Part II: Realizing the vision: A five-stage process. *Together we can: A guide for crafting a profamily system of education and human services.* Washington, DC: U.S. Government Printing Office.
4. Larson, C., Gomby, D. S., Shiono, P. H., Lewit, E. M., & Behrman, R. E. (1992). Analysis. *The Future of Children,* 2(1), pp. 4445.
5. Gardner, S. L. (1992). Key issues in developing school-linked, integrated services. The Future of Children, 2(1), pp. 85-94.

4. Component Issues in Service Integration Models (Sept. 20, 27, Oct. 4)

A. Prevention Agenda

Readings

1. Osborne, D. & Gaebler, T. (1992). Anticipatory government: Prevention rather than cure. *Reinventing government.* Reading, MA: Addison, Wesley.

B. Family Focus

Readings

2. Langford Carter, J. (1993). Moving from principles to practice: Implementing a family-focused approach in schools and community services. *Family Resource Center Report, 12*(3 & 4), pp. 7-10.
3. Poertner/Doktor or Amato

C. Collaboration

Readings

4. Gray, B. (1989). Overcoming obstacles to successful collaboration. *Collaborating: Finding common ground for multiparty problems*. San Francisco: Jossey-Bass.

5. Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.* Washington, DC: Education and Human Services Consortium.

D. Confidentiality, Finance & Evaluation

Readings

6. Kagan, S. L., Goffin, S. G., Golub, S. A., & Pritchard, E. (1995). *Toward systemic reform: Service integration for young children and their families.* Falls Church, VA: National Center for Service Integration.
7. Gardner, S. (in preparation). *Beyond collaboration to results: The future of services to children and families.* Center for Collaboration for Children, School of Human Development and Community Service, California State University.
8. General Accounting Office. (1993). *School-linked human services: A comprehensive strategy for aiding students at risk of school failure.* Washington, DC: Author.

5. **Mental Health Perspectives Oct. 11**

Readings

1. Bums, B. J., & Friedman, R. M. (1990). Examining the research base for child mental health services and policy. *The Journal of Mental Health Administration, 17*(1), pp. 87-98.
2. Dollard, N., Evans, M. E., Lubrecht, J., & Schaeffer, D. (1994). The use of flexible service dollars in rural community-based programs for children with serious emotional disturbance and their families. *Journal of Emotional and Behavioral Disorders, 2*(2), pp. 117-125.
3. Duchnowski, A. J., & Friedman, R. M. (1990). Children's mental health: Challenges for the nineties. *Children's Mental Health, 17*(1), pp. 3-12.
4. Jones, V. H., & Hutchins, E. (1993). *Finding common ground: A call for collaboration.* Arlington, VA: National Center for Education in Maternal and Child Health.
5. Miller, J., & Yelton, S. (1991). *The child welfare/children's mental health partnership: A collaborative agenda for strengthening families.* National Association for Public Child Welfare Administrators & State Mental Health Representatives for Children and Youth.

6. **Health Services Perspectives Oct. 18)**

Readings

1. Institute of Medicine. (1988). The disarray of public health: A threat to the health of the public. *The Future of Public Health.* Washington, DC: National Academy Press.
2. Reagan, M. D. (1992). The changing profile of U.S. health care. *Curing the crisis: Options for America's health care.* Westview Press.
3. Reagan, M. D. (1992). What are the problems? *Curing the crisis: Options for America's health care.* Westview Press.
4. Robert Wood Johnson Foundation. (1993*). Child health initiative: A work-in-progress.* Minneapolis: University of Minnesota School of Public Health.
5. U.S. Department of Health and Human Services. (1992). *EPSDT: A guide for educational programs.* Health Care Financing Administration, Medicaid Bureau.

6. U.S. Department of Health and Human Services. Selections on definition of Comprehensive School Health Education, Spring 1994.
7. Davis, R. G. (1994). Public health policy: Perplexing problems and proximate policies. In H. G. Fredrickson (Ed.), *Public policy and the two states of Kansas*. Lawrence, KS: University of Kansas Press.

7. Community Planning (Oct. 25)

Readings

1. (1994). *Strategic Partnership for Urban Revitalization (SPUR): Austin's nomination and strategic plan for an empowerment zone.* Austin: City of Austin, Texas. [selected sections]
2. Fredrickson, H. G. (1994). Kansas public policy and the future. In H. G. Fredrickson (Ed.), *Public policy and the two states of Kansas.* Lawrence, KS: University of Kansas Press.
3. Topp, D. (1994). Promoting service integration in Kansas: A study of exemplar communities.

8. Social Services Perspectives (Nov. 1)

Readings

1. Administration for Children and Families. (1994).
   - Highlights from Family Preservation and Support Services Program Instruction.
   - Application Materials, Title IV-B, Subpart 2 of the Social Security Act and OBRA, 1993: Child and Family Services Program.
   - Descriptions of Hawaii's family support program, Healthy Start, and Maryland's family preservation program, Intensive Family Services (Descriptions from Children's Defense Fund).
2. Weick, A., & Miller, D. C. (1994). Public welfare policy. In H. G. Fredrickson (Ed.), *Public policy and the two states of Kansas.* Lawrence, KS: University of Kansas Press.

9. Education Perspectives (Nov. 8, 15, 22)

Readings

1. Crowson, R. L., & Boyd, W. L. (1993). Coordinated services for children: Designing arks for storms and seas unknown. *American Journal of Education, 10*(February).
2. Kirst, M. W., & McLaughlin, M. (1990). Rethinking policy for children: Implications for educational administration. In B. Mitchell & L. L. Cunningham (Eds.), *Eighty-ninth Yearbook of the National Society for the Study of Education: Part I.* Chicago: University of Chicago Press.
3. Parrish, T. B. (1994, April). *Fiscal policies in special education: Removing incentives for restrictive placements.* Paper presented at the invitational conference on barriers to inclusive education. Wingspread, Racine, WI.

Community Research Report Presentations (Nov. 15, 22, Dec. 6)

Final Exam (Dec. 13)

Miami University
Department of Educational Leadership

EDL 790 School-Linked Services for Children and Families

Hal A. Lawson, Professor
Katharine Hooper-Briar, Professor

Description

In response to the growing number of children and youth who are considered "at risk" and in recognition of the inability of traditional educational, health and social service systems to serve this population, changes are being mounted in communities across North America and elsewhere in the world. Heretofore separate and competing professions and their respective organizations are working together; this is called ***interprofessional collaboration***. Their aim is to develop "seamless" educational, health and social service systems, which are "wrapped around" children and youth; this aim is called ***service integration***. Because schools are the only universal entitlement for children and youth, and because early intervention and primary prevention are new priorities, schools--especially elementary and middle schools-- are being identified for lead roles in interprofessional collaboration and service integration initiatives.

The seminar is structured to explore, through a wide-angle lens, the changing roles of schools and education professionals in such initiatives. By necessity, health and social service professionals and their agencies also will be surveyed. Alternative visions will be reviewed, along with competing conceptions of missions and competent practice. Emphasis will be placed upon ***problem-setting***, i.e., upon the framing and naming of needs, problems, aspirations and strengths, and the attendant implications for ***problem-solving***, i.e., the design of interprofessional collaboration and service integration initiatives. Whose needs and interests are served by these initiatives? What ethical and moral issues are involved? How would you know a successful, or effective, initiative if you saw one? How might you begin such work? The seminar will consider these questions and others. In addition, this seminar will include "hands on" experiences associated with design laboratories; these experiences are intended to develop needed sensitivities and skills for school-linked services. The seminar is designed to culminate in a recommended vision that proceeds beyond school-linked *services* for children and youth to *supports* for children, youth, families and neighborhoods.

Required Monographs

Behrman, R. (Ed.). (1992). School-linked services. The future of children, 2(1). Los Altos, CA.: The David and Lucile Packard Foundation.

Hooper-Briar, K., & Lawson, H. (1994). Serving children, youth, families and communities through interprofessional collaboration and service integration: A framework for action. Oxford, OH: The Danforth Foundation & The Institute for Educational Renewal at Miami University.

Lawson, H., & Hooper-Briar, K. (1994). Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration. Oxford, OH: The Danforth Foundation & The Institute for Educational Renewal at Miami University.

In addition, seminar participants will select a book or monograph on children, youth, families, or community development. Each person will prepare a written critique, which includes implications for schools, and present a summary to the class.

Participant Responsibilities and Evaluation

Adults merit choices and opportunities to engage in action-oriented, meaningful learning experiences. The requirements (and evaluative criteria) for the seminar have been structured with adult learners in mind.

Critique of Book	10%
Action Plan for School-Linked Services or Supports*	55%
Final Examination (Take Home--essay)	35%

90-100=A; 80-90 =B; 70-80 =C

*Select a school and develop a planning document for school-linked services involving interprofessional collaboration and service integration. This document will begin with a guiding vision. It also will include a preliminary needs assessment, an inventory of local service providers and relevant community organizations, and a listing of likely barriers and facilitators. Your work will be presented to the seminar during one of the last two class meetings; final reports will be turned in no later than the last day of the semester.

Aim and Objectives

The aim of the seminar is to contribute to the preparation of transformational leaders in service of children, youth, families and communities. At the conclusion of the seminar, participants should be able to:

1. Articulate and justify a vision for improving outcomes for children, families and communities

2. Identify culturally-responsive, organizational and professional missions and practice principles in support of a preferred vision

3. Demonstrate alternative ways to frame and name individual, family, school, community, and societal needs, problems and aspirations.

4. Identify and describe alternative approaches to interprofessional collaboration and service integration

5. Describe processes for mobilizing partnerships among schools, families, health and social service agencies, higher education institutions, and other community organizations (e.g., businesses, governments)

6. Identify and describe the moral and ethical dimensions of interprofessional education and practice

7. Demonstrate skills and abilities for the design and implementation of school-linked services.

Course Outline

. Weeks 1-3: Introduction and Context

1. The changing characteristics of children, youth, families and communities: An overview

2. Crises and challenges for the human services professions (e.g., education, health, social welfare) and their organizations

3. The dynamics of problem-setting: Framing, naming, and generative metaphors
    - 3.1 Competing analytical frames
        - 3.11 Categorical versus relational-ecological frames
        - 3.12 Human capital versus human development-potential frames
    - 3.2 Four generative (root) metaphors: Formism, organicism, mechanism and contextualism
    - 3.3 Attributions for needs and problems: Personal troubles versus social issues
    - 3.4 Labels and stigmas: What does it mean to be "at risk?" A "case" needing to be "managed?"
    - 3.5 Beyond deficit-oriented framing and naming: Strengths, aspirations and assets

4. Problem-setting and the professionalization
    - 4.1 The relationship between problem-setting, problem-solving and conceptions of knowledge (and knowledge bases)
    - 4.2 Three perspectives on professionalization: Structural-functional, process and power.
    - 4.3 Problem-setting and the vested interests (ideal and material) of professions
    - 4.4 Professions, power and problem-setting: Whose needs and interests count when conflicting definitions and priorities are offered?
    - 4.5 The professional-client relationship
        - 4.51 Professional powers, client dependence and the language of needs, problems and interventions
        - 4.52 Beyond codes of ethics: Moral and political issues
        - 4.53 The challenges of empowerment and deprofessionalization

5. A critique of today's professionalized, institutional arrangements
    - 5.1 Mechanistic metaphors, specialization, stand-alone professions and their organizations: Categorical thinking and fragmented policies, programs and services
    - 5.2 Assumptions, necessary conditions, and historical antecedents for this institutional system
    - 5.3 The role of higher education in this institutional system
    - 5.4 Case studies of children; youth and families: What happens when people don't fit the system?
    - 5.5 Implications: Exploring barriers, constraints and facilitators for interprofessional collaboration and service integration

Required Reading

The book of your choice on children, youth, families or community development

Lawson, H. (1992). Toward a socioecological conception of health. Quest, 44, pp. 105-121.

Ignatieff, M. (1986). The needs of strangers: An essay on privacy, solidarity, and the politics of being human. New York: Penguin, pp. 9-53.

Guttman, A. (1990). Democratic education in difficult times. Teachers College Record, Fall, pp. 7-20.

Pittman, K., & Cahill, M. (1993). Pushing the boundaries of education: The implications of a youth development approach to education policies, structures, and collaborations. In Council of Chief State School Officers (Ed.). Ensuring student success through collaboration, pp. 17-28. Washington, DC.: Author.

Lawson, H., Flora, R., et. al. (in press). From school reform to educational renewal: Partnerships for cross-systems change. In R. Osguthorpe (Ed.) Partner schools: Centers for educational renewal. San Francisco: Jossey Bass.

Lawson, H. (1994). Toward healthy learners, schools and communities. Journal of Teacher Education, 45(1), pp. 62-70.

Design Laboratory Experiences

- Selecting models for school-linked services
- Designing and using a needs assessment
- Turning crises into opportunities: An introduction to problem-setting & paradoxical practice principles
- Facilitating vision development with diverse constituencies and stakeholders
- Developing norms for collaboration
- Developing initial plans for "cross-training" and "cross-talk" via staff development
- Developing action steps for moving from a school pilot project to a community capacity-building and development initiative

Weeks 4-5: Alternative Visions and Missions

1. A definitional frame: Vision, mission, and competent practice

2. Visions, values and social development: What will it take to improve outcomes for children, youth families and communities?
    2.1 Child-and youth-centered visions
    2.2 Family-focused visions
    2.3 Profession-specific visions

- 2.4 Organization-specific visions (e.g., for schools, child welfare agencies)
- 2.5 Economic development visions
- 2.6 A relational vision: Child-focused, family-centered, consumer-guided, community development-oriented vision

3. The relationship between vision and mission
    - 3.1 The dangers of starting with mission and searching for a vision
    - 3.2 Vision-driven personal, professional, and organizational renewal: Moral imperatives and missions
    - 3.3 Building upon unique functions, technologies, resources and virtues
    - 3.4 The search for common grounds: Building cultures of mutual commitment caring, sharing and interdependence
        - 3.41 The welfare of children and youth: Rights and responsibilities
        - 3.42 The relationship among health, well-being, education and schooling
        - 3.43 Designing and sustaining educational communities
    - 3.5 A continuum of redesign: From reform, to restructuring, to transformation

4. Competent practice: Improving outcomes by doing the right things under the right circumstances in morally justifiable ways
    - 4.1 The import of capacity building initiatives for new roles and responsibilities
    - 4.2 Explicit and implicit accountability criteria and structures
    - 4.3 Allowing for role release and redefinition
    - 4.4 Consumer and data-driven reforms
    - 4.5 Evaluation reconsidered
        - 4.51 The relationship among methodologies, outcomes and necessary conditions during the process of innovation
        - 4.52 Assessment, evaluation and research: Distinctions and relationships
    - 4.6 Knowledge *bases* for practice: Technologies and codes of ethics

Required Reading

Morrill, W. (1992). Overview of service delivery to children. In R. Behrman (Ed.). The future of children, 2(1), pp. 32-43.

Gardner, S. (1993). The ethics of collaboration. Georgia Academy Journal, 1(1), pp. 2-4.

Carter, J. (1993). Taking a family-centered approach. In Council of Chief State School Officers (Ed). Ensuring student success through collaboration, pp. 37-45. Washington, DC.: Author.

Hooper-Briar, K. (1990). Transforming human services with family support principles. Family Resource Coalition Report, 2, pp. 6-7.

Fine, M. (1992). Families in the United States: Their current status and future prospects. Family Relations, 41, pp. 430-435.

Wynn, J., Costello, J., Halpern, R., & Richman, H. (1993) Children, families and communities: A new approach to social services. Unpublished manuscript, Chapin Hall Center for Children, University of Chicago, Chicago, IL.

Lawson, H. (in press). Schools and educative communities in a new vision for child welfare. Journal for a Just and Caring Education, 1(1), forthcoming in January, 1995.

Design Laboratory Experiences

- Designing consumer- and data-driven feedback mechanisms and reforms
- Determining chains of action steps to build cross-systems change initiatives
- Deciding upon the model(s) to be pursued and creating norms to guide this work
- Mobilizing resources and consumers
- Reconfiguring roles and job descriptions, along with related changes in supervision and accountability
- Launching consumer- and data-driven projects
- Identifying and planning action steps aimed at root causes (e.g., poverty, racism)
- Planning for action steps aimed at multi-level supports (e.g., state and national policies)
- Identifying child-centered versus family-centered and community development-oriented change strategies

Weeks 6-7: Building Interprofessional Collaboratives and Community Consortia

1. Five models of interprofessional collaboration: Assumptions, necessary conditions, merits, shortcomings
    1.1 Home- and neighborhood-based
    1.2 Community-based
    1.3 School-linked
    1.4 School-based
    1.5 A saturation approach

2. Five levels (kinds) service integration
    1.1 Client-centered
    1.2 Provider-centered
    1.3 Program-centered
    1.4 Organization-centered
    1.5 Policy-centered

3. Combining interprofessional collaboration and service integration: Within system reforms or cross-systems change?

4. The import of community consortia as problem-setters and -solvers

5. Building community consortia
    5.1 Getting the right people "at the table"
    5.2 Agreeing upon, and using, norms and values
    5.3 The import of principles derived from a guiding vision
        5.31 Symptom-based thinking and interventions
        5.32 Identifying and addressing root causes

        - 5.33 Consumer-guided service strategies
        - 5.34 Paradoxical practice principles
    - 5.4 Constraints, barriers, and barrier-busting strategies
    - 5.5 Beyond services to supports for children, youth and families
    - 5.6 Concerns about surveillance, loss of privacy and confidentiality

6. Mapping community capacities and assets

7. Relationships among local consortia, educational communities and democratic structures and processes

8. Public policy implications

Required Reading

Hooper-Briar, K., & Lawson, H. (1994). Serving children, youth, and families through interprofessional collaboration and service integration: A framework for action.

The Harvard Project on Effective Services, The Center for the Study of Social Policy, and the National Center for Education and the Economy (1993). Community services and supports to improve outcomes for children. Washington, DC.: Authors.

Anderson, B. (1993). A framework for understanding and assessing systemic change. Boulder, CO: InSites, A Support Network for Educational Change.

McKnight, J., & Kretzmann, J. Mapping community capacity. Chicago: Center for Urban Affairs and Policy Research, Northwestern University.

Design Laboratory Experiences

- Building action agendas for the consortium

- Working with the media

- Managing diverse perspectives and expectations; assessing and facilitating people's developmental readiness for change

- Revisiting and revising mission statements and action plans

Weeks 8-11: Expanding Understandings of School-Linked and -Based Models
1. Alternatives for who does what, when, why and how

2. Why add, or link, services to schools(?): Advantages and disadvantages

3. Health and social services: Add-ons or integral to school reform?
    - 1.1 Relationship of services to selected national reform initiatives
    - 1.2 Barriers, constraints and barrier-busting strategies

4. Changing roles and responsibilities of superintendents, principals, teachers other education professionals and service providers

5. Financing school-linked services: An introduction

6. Health clinics on school sites: Issues and evidence

7. Schools and child welfare

8. Program and service dynamics: Interprofessional needs assessment and service strategies

Required Reading

American Academy of Pediatrics, et. al. (1994). *Principles to link by integrating education, health and human services for children youth and families: Systems that are community-based and school-linked*. Washington, D.C.: Author.

Behrman, R. (Ed.). School-linked services. *The future of children*, *2*(1). Crowson, R., & Boyd, W. (1993). Coordinated services for children: Designing arks for storms and seas unknown. *American Journal of Education*, *101*, pp. 140-179.

Lawson, H. (in press). Educators responses to school-based services. Council of Chief State School Officers and The Danforth Foundation, Forthcoming

Smylie, M., Crowson, R., Chou, V., & Levin, R. (in press). The principal and community-school connections in Chicago's radical school reform. *Educational Administration Quarterly*.

Leithwood, K. (1993, October). *Contributions of transformational leadership to school restructuring*. Presented to the University Council for Educational Administration, Houston, TX.

Boyd, V., & Hord, S. (1994, April). *Principals and the new paradigm: Schools as learning communities*. American Educational Research Association, New Orleans, LA.

Design Laboratory Experiences

- Creating role release opportunities in collaborating organizations
- Expanding services and educational opportunities through new service configurations
- Developing community-based Individualized Educational Progress Strategies
- Ways to harness existing funding streams and help redirect others
- Creating and sustaining collaboratives among middle managers in support of family-centered, consumer-guided practices

Weeks 12-13: Implications for Colleges and Universities

1. Roles and responsibilities of higher education institutions for improving outcomes for children, youth, families and communities
2. Needs for simultaneous renewal among higher education, schools, and community agencies
3. Interprofessional education during pre-service and professional development programs
4. Redesigning aspects of higher education: Role release and new responsibilities
5. The Pennsylvania Exemplar: University-assisted community schools and academically based public service.

Required Reading:

Lawson, H., & Hooper-Briar, K. (1994). Expanding partnerships: Involving colleges universities in interprofessional collaboration and service integration.

Design Laboratory Experiences

- Planning and implementing interprofessional education programs
- Designing and facilitating consumer-guided courses and seminars
- Developing neighborhood colleges and educational communities
- Developing and sustaining partnerships

Weeks 14-15: Participant Presentations, Review and Summary

University of Utah

Collaborative Educational Problem-Solving and Conflict Management

EDPS 640/ EDAD 652-N

Instructors:
Susan Sheridan - Educational Psychology
(581-5579/MBH 327)
Marshall Welch - Special Education
(581-8121/MBH 214)
Nedra Crow - Educational Studies
Ann Hart - Educational Administration

Class: June 22 - 26/M - F 8:00 - 5:00 MBH 114

Required Readings: Distributed Readings Packet

Course Objectives:

1. Learn various approaches to role theories.
2. Understand the role and function of educational personnel within a school system.
3. Learn intervention strategies and skills involved in team problem solving.
4. Understand and apply a collaborative model of problem solving.
5. Gain experience in collaborative problem solving with specific school related problems.

Students need to be aware that the over-arching objectives of this course are to facilitate affective components of professional collaboration as well as gain insight in the PROCESSES associated with collaboration, conflict management, team building and problem solving. The emphasis of the course is NOT assimilating discrete pieces of "correct" cognitive information from elaborate theories.

Course Expectations:

Students are expected to attend and actively participate in each and all of class sessions. If students must be late for class or leave class early for a legitimate reason well beyond their control, they are expected to have the courtesy of notifying the instructors in advance.
Students are expected to read assignments for each class discussion. Students will be asked to comment on the readings and/or answer questions related to the readings during class sessions.

Students are expected to turn in projects on the assigned date. If a student is aware of a calendar conflict, the student must take responsibility for making PRIOR arrangements with their learning team and instructors. NO LATE SUBMISSIONS WILL BE ACCEPTED!!!

Should a student need special instructional accommodations the student must take responsibility for contacting the instructors.

There are no extra credit options for the course.

Student Evaluation:

Students are required to complete the following activities/assignments:

Paper assignment (25 points) -- (Guideline for length: 5 pages, double spaced, 10 point, one inch margins). Paper due Monday, June 29 4:00 p.m. in the Dean's Office.

Using the material covered during this course, analyze the working relationships and roles in the school or educational setting in which you work as they relate to (1) team work and relationships, (2) collaboration, and (3) conflict management. Provide specific examples from your school to illustrate effective, ineffective, and problematic processes and structures and discuss how traditional and nontraditional approaches to established roles play a part in the school. Make specific recommendations for improvements. The paper will be assessed on the following criteria:

1. Use of class presentations on roles, collaboration, teams, and conflict -- 10 points.
2. Organization and coherence of argument -- 5 points.
3. Use of examples as illustrations -- 5 points.
4. Appropriateness of recommendations given the examples provided --5 points.

The instructors will be reading the papers for evidence that you have thoughtfully applied the content of this course to analysis of your work as an educator. If you find your own experience and knowledge about these issues limited, feel free to call others who work in the school and who have more extensive experience. It is also important for you to understand that if, during the process of writing this paper, you realize your particular experience and/or school setting does not reflect examples of collaborative partnerships, it is perfectly acceptable to indicate this. You are not penalized. What IS important is that you clearly articulate the ineffective and/or problematic processes and provide specific recommendations for improvement based on what you have learned from your experience in this class.

University of Utah cont'd p. 3

NOTE: Each paper must be typed, double spaced and have one inch margins. Do not submit cover sheets. Do not place reports in clear plastic covers. Names and course number should be placed in the top right hand corner of page one. The report must be stapled in the top left hand corner. REPORTS THAT DO NOT COMPLY WITH THESE GUIDELINES WILL NOT BE ACCEPTED!

Final Project (50 pts) - Each group will be provided with a scenario that the group must collaboratively address on video tape. Instructors are concerned primarily with the team's ability to utilize concepts presented throughout the course rather than problem resolution per se. Each group will be provided background on the scenario prior to the activity but specific details will not be provided until the video taping session. The group has approximately 30 minutes to work through the problem solving steps and develop an action plan. The team will then have 10-15 minutes to conduct a closing group processing session ON VIDEO TAPE to assess their group's effectiveness. The video tapes will be turned in and evaluated by the instructors using the evaluation formats (group and individual) used throughout the course. Groups must schedule studio time through Instructional Media Services or use a camcorder of their own in a room in Milton Bennion Hall. The final project will be scheduled and completed during afternoon of the last class session.

Paper = 25 pts
Final Project = 50 pts
TOTAL POINTS = 75 pts

COLLABORATIVE PROBLEM SOLVING COURSE 1991-92

Session #1 Mon. 6/22

Morning	Course Orientation and Introductions (Welch) Establish teams & Discuss Reading Packets/Activities
(Crow)	
	Discussion/Activities - Individual Interaction Styles (Hart) **Break** Team building (Welch and/or Fuhriman)
12:00 - 1:30	Lunch "Assignment" (Crow)
Afternoon	Group Processing of Lunch Assignment (Crow) Group reports (Crow) Activity & Discussion (Welch) **Break** Introduction to conflict management (Hart)

READING ASSIGNMENT FOR TUESDAY:

Phillips & McCullough (1990); Papa & Natalle (1989)

Session #2 Tue. 6/23

Morning	Wrap-up: Conflict Management (Hart) Introduction to the Collaborative Ethic (Welch)
Afternoon	Introduction to Collaborative Problem Solving (Sheridan)

READING ASSIGNMENT FOR WEDNESDAY:

Elliot & Sheridan (1992); Jayanthi & Friend (1992)

Session #3 Wed. 6/24

Morning	Model/Demonstration of Problem Solving Steps (Video)
	Group Practice in Problem Solving - Team Breakouts
Afternoon	Examination of Traditional and Reconceptualized Professional Roles - Theoretical Overview (Hart) Building Administrator (Hart) Classroom Teacher (Crow)

ASSIGNMENT: Begin planning video assignment

Session #4 Thur. 6/25

Morning	Examination of Traditional and Reconceptualized Professional Roles (continued) School Counselor (Guest Presentation - Dr. Harry Bluhm) School Psychologist (Sheridan) Special Educator (Welch)
Afternoon	Group Practice in Problem Solving - Team Breakouts

Session #5 Fri. 6/26

Morning	Group Practice in Problem Solving - Team Breakouts
Afternoon	Teams complete final project on their own

Video tapes must be turned in by 4:00 in Ed.Ps. Office

V. BIBLIOGRAPHY

TRAINING FOR INTERPROFESSIONAL COLLABORATION (UCONJ 500)
BIBLIOGRAPHY

TEXTS

Required:

Winer, M. & Ray, K. (1994) *Collaboration handbook.* Amherst H. Wilder Foundation: St. Paul, MN.

Suggested:

Johnson, D. W. & Johnson, F. P. (1994) *Joining together.* Allyn & Bacon: Boston.

READINGS

Required:

Abramson, J. S. (1993) "Orienting social work employees in interdisciplinary settings: shaping professional organizational perspectives," *Social Work, 38*(2), pp. 152–157.

Crowson, R. L. & Boyd, W. L. (Feb. 1993) "Coordinated services for children: Designing arks for storms and seas unknown," *American Journal of Education, 101*, pp. 141-179.

Farrow, F. (March, 1993) "Going to scale: The importance of financing," Background paper for the Wingspread Conference on *Going to Scale*.

Hord, S. M. (February 1986) "A synthesis of research on organizational collaboration," *Educational Leadership*, pp. 22-26.

Johansson, R. (1994) "Between organizations," In Goran, A., *Social organizations.* London: Sage Publications, pp. 114–131.

Johnson, O. (Sept. 1995) "What about block grants? A view from the trenches," (p. 43) In *Dollars and sense: Diverse perspectives on block grants and the personal responsibility act.* The Finance Project.

Kahn, A. J. & Kammerman, S. B. (Sept. 1992) "Integrating services integration: an overview of initiatives, issues and possibilities," National Center for Children in Poverty, Columbia University School of Public Health, (212) 927–8793, New York.

Kretzman & McKnight, "Building communities from the inside out," Center for Urban Affairs and Policy Research Neighborhood Innovations Network, Northwestern University. Chicago: ACTA Publications.

Meyers, M. K. (Dec. 1993) "Organizational factors in the integration of services for children," *Social Service Review,* pp., 545–575.

Morill, W. A. (1992) "Overview of service delivery to children," *The future of children,* 2(1), pp. 32–43.

Moore, L. R. (1993) "Re-defining, re-inventing, and re-establishing community," In *Whole child & whole community.* Institute for Responsive Education, MOTT Foundation, Boston: MA, pp. 5–10.

Senge, P. (1990) "Shared vision," & "Mental models" In *The fifth discipline*, New York: Doubleday.

Shorr, L. (1995) "The case for shifting to results-based accountability," In Young, N, Gardner, S., Coley, S., Shorr, L, & Bruner, C., "Making a difference: Moving to outcome-based accountability for comprehensive service reforms," Resource Brief #7 National Center for Service Integration, Bush Center, Yale University, pp. 13–28.

UCONJ 500 BIBLIOGRAPHY 1996 cont'd p. 2

Stangler, G. (Sept. 1995) "Lifeboats vs. safety nets: Who rides...who swims," (p. 67). In *Dollars and sense: Diverse perspectives on block grants and the personal responsibility act*. The Finance Project and American Youth Policy Forum and The Policy Exchange, Institute for Educational Leadership.

Wang, M. C., Haertel, G. D. & Walberg, H. J. (In press) "The effectiveness of collaborative school-linked services." In Rigsby, L.C., Reynolds, M. C. & Wang, M. C. (Eds.) School/Community Connections: Issues for Research and Practice, Jossey-Bass Inc.

Weiss, C. H. (1995) "Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families." In Connell, J. P., Keubishch, A. C., Schorr, L. B. & Weiss, C. H., *Approaches to evaluating community initiatives*. Roundtable on comprehensive community initiatives for children and families. The Aspen Institute, pp. 65–92.

Young, Gardner & Coley, "Getting to outcomes in integrated service delivery models," In Young, N, Gardner, S., Coley, S., Schorr, L, & Bruner, C., *Making a difference: Moving to outcome-based accountability for comprehensive service reforms.* Resource Brief #7. National Center for Service Integration, Bush Center, Yale University, pp. 7–12.

Suggested:

Brandon, R. N. (July, 1992) "Social accountability: A conceptual framework for measuring child/family well-being." Human Service Policy Center. Working Paper.

Case: (1995) "Improving children and family services in Iowa." Cascade Center for Public Service, University of Washington.

Farrow, F. "Going to scale: The importance of funding," Background paper for Wingspread Conference on Going to Scale, National Center for Service Integration.

Golden, O. (1991) "Collaboration as a means, not an end." In Shorr, E., Book, D. & Cozzle, C, *Effective services for young children.* Background Papers, National Forum on the Future of CAF. National Research Council. WA D. C.: National Academy Press, pp. 84–102.

O'Callaghan, J. B. (1993) "A blueprint for collaboration". In *School-based collaboration for families*, San Francisco: Jossey-Bass Publishers, pp. 3–22.

Gardner, S. (1993) "Failure by fragmentation," In *Whole child & whole community.* Institute for Responsive Education, MOTT Foundation, Boston: MA, pp. 11–17.

The Casey Foundation (Aug. 1995) "The path of most resistance: Reflections on lessons learned from new futures." The Annie E. Casey Foundation, (410) 547-6600.

Toseland, R. & Rivas, R. (1984) "Leadership," *An Introduction to Group Work Practice*. New York: Macmillan, pp. 77–110.

Tyack, D. (Spring, 1992) "Health and social services in public schools: Historical perspectives." Behrman, R. E. (Ed), *The future of children: School linked services.* Lost Altos, CA. Packard Foundation. Vol. 2, No. 1.

Training for Interprofessional Collaboration (TIC)

ANNOTATED BIBLIOGRAPHY

Adler, L. & Gardner, S. (Eds.) (1994). ***The politics of linking schools and social services.*** **Washington: The Press.** Combining theoretical and experiential perspectives, this yearbook is informative about national and international ideas and practices in linking social services to the schools. The articles address salient issues about the political, policy, economic, organizational, and professional training processes that emerge when restructuring schools through interprofessional collaboration.

Bruner, C. (1991). ***Thinking collaboratively: Ten questions and answers to help policy makers improve children's services.*** **Washington, DC: Education and Human Services Consortium.** This monograph provides a theoretical and practical discussion of collaboration through the presentation of questions that policy-makers, and those interested in policy questions, most often face when developing collaborative projects

Casto, M. & Julia, M. (Eds.) (1994). ***Interprofessional care and collaborative practice.*** **Pacific Grove: Brooks/Cole Publishing.** This monograph is an insightful and informative discussion of a framework (theories and values); the processes (group process and teamwork); methodologies (form, function, structure, policy, and resources); and reflections (case studies and codes of ethics) that inform, impact, and result from interprofessional collaboration in the "helping" professions.

Dryfoos, J. (1994). ***Full-service schools: A revolution in health and social services for children, youth, and families.*** **San Francisco: Jossey-Bass.** An analysis of the history, growth, potential, practices, and the economic and policy issues involved with full-service schools.

Gray, B. (1989). ***Collaborating: Finding common ground for multiparty problems.*** **San Francisco: Jossey-Bass.** This book is a comprehensive study of the theory, function, form, outcomes, and relationships in the collaborative process. Gray presents particularly helpful information in the political and power dynamics in collaborations, as well as designs of collaboratives that address particular conflicts and issues.

Greenburg, M. & Levy, J. (1992). ***Confidentiality and collaboration: Information sharing in interagency efforts.*** **Denver: Education Commission of the States.** This paper takes a transprofessional look at the thorny issue of confidentiality in collaboration and suggests methods for collaboratively dealing with information sharing.

Himmelman, A.T. (1992). ***Communities working collaboratively for a change.*** **Minneapolis: The Himmelman Consulting Group.** This paper presents a conceptual framework for models of collaboration. Himmelman contrasts the betterment model: a collaborative model driven by policy makers, and the empowerment model: a community based collaborative model. Provides a series of design questions to facilitate the formation of a collaborative.

Hodgkinson, H. (1991). ***Beyond the schools: How schools & communities must collaborate to solve the problems facing America's youth.*** **Arlington: American Association of School Administrators and National School Boards Association.** A pamphlet that provides a wealth of demographic information and suggests ten policy strategies for improving the lives of youth and families in America.

Hooper-Briar, K. & Lawson, H. A. (1994). ***Serving children, youth, and families through interprofessional collaboration and service integration: A framework for action.*** **Oxford: The Danforth Foundation and The Institute for Educational Renewal at Miami University.** This monograph presents rationales and structures for interprofessional collaboration serving children, families, schools, and communities. Tables provide strategies, principles, and lessons learned about collaboration.

Johnson, D.W. & Johnson, F. (1994). ***Joining together: Group theory and group skills.*** **Boston: Allyn and Bacon.** An in-depth synthesis of the factors involved in group process. Discussions of group dynamics, communication, controversy, conflict, leadership, power, diversity, and development are examples of the topics that are interspersed with experiential activities.

Klein, J.T. (1990). ***Interdisciplinarity: History, theory, and practice.*** **Detroit: Wayne State University Press.** A thorough examination of the growth, theories, and practices of interdisciplinary education. Provides an extensive bibliography.

Lawson, H. A. & Hooper-Briar, K. (1994). ***Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration.*** **Oxford: The Danforth Foundation and The Institute for Educational Renewal at Miami University.** A monograph that explores the roles that colleges and universities have to play in interprofessional collaboration and presents the systemic barriers that must be overcome to enhance child-centered and family-centered services through the schools. Tables provide instructive challenges, issues, and lessons learned about collaboration.

UCONJ 500 1994–1995 Bibliography cont'd

Levin, R. (Ed.) (1994) ***Greater than the sum: Professionals in a comprehensive services model.*** **Washington, D.C.: ERIC Clearinghouse on Teacher Education.** This monograph contains papers that present a picture of the theories and practices of full service schools and the issues of collaboration that are involved in their development and operation. Articles written from the point of view of the various professionals involved in the process provide an interprofessional perspective.

Mattessich, P.W. & Monsey, B. (1992). ***Collaboration, what makes it work?: A review of research literature on factors influencing successful collaboration.*** **St. Paul: Amherst Wilder Foundation.** This paper is a meta-analysis of the research on collaborative competencies based on environment, membership, process/structure, communication, purpose, and resources in the fields of health, social science , education, and public affairs.

McKnight, J. & Kretzmann, J. (1990). ***Mapping community capacity.*** **Evanston: Center for Urban Affairs and Policy Research.** This paper presents the concept of looking at community assets and strengths, rather than deficits, as building blocks in community regeneration.

Melaville, A. , Blank, M.J., & Asayesh, G. (1993). ***Together we can: A guide for crafting a profamily system of education and human services.*** **Washington: U.S. Department of Education and U.S. Department of Health and Human Services.** A comprehensive presentation of the systemic processes and stages involved in developing a community based collaborative that would create changes to improve conditions for children and families. The manual clearly illustrates the complex changes to systems and professions needed to create profamily communities though collaboration.

Saleebey, D. (Ed.) (1992). ***The strengths perspective in social work practice.*** **New York: Longman.** A monograph that gives an analysis of the values, theories, practices and tools of a strengths perspective in working in social service. Here is a provocative challenge to the traditional professional/client relationship explored through theoretical discussions and case studies.

Winer, M. & Ray, K. (1994). ***Collaboration handbook: Creating, sustaining, and enjoying the journey.*** **Saint Paul: Amherst H. Wilder Foundation.** This manual effectively presents the stages of collaboration and the multiple challenges inherent in each stage.

330

UNIVERSITY OF WASHINGTON
Training for Interprofessional Collaboration Project 1996
Selected References on Collaborative Practice

Abramson, J. S. (1993, March). Orienting social work employees in interdisciplinary settings: Shaping professional and organizational perspectives. *Social Work, 38*(2), pp. 152-157.

Alder, L., & Gardner, S. (Ed.). (1994). *The politics of linking schools and social services*. The 1993 Yearbook of the Politics of Education Association. Fullerton, CA: The Center for Collaboration for Children at California State University.

Auvine, B., Avery, M., Streibel, B., Weiss, L. (1981). *Building united judgment: A handbook for consensus decision making*. Madison, WI: Center for Conflict Resolution.

Bamburg, J.D., Hill, P.T., Knapp, M.S., & Ferguson, M. (1996). *Education reforms and the working lives of teachers and other human services professionals*. Seattle, WA: Human Services Policy Center, University of Washington.

Bell, Michelle A. (1995, April). *Creating community partnerships for interprofessional education: Challenges and lessons learned*. Seattle, WA: University of Washington, Human Services Policy Center.

Brandon, R. N. (1992). *Social accountability: A conceptual framework for measuring child/family well-being*. Seattle: University of Washington, Human Services Policy Center.

Brandon, R.N. (1995). The collaborative services movement: Implications for national policy makers. In H. Lawson & K. Hooper-Briar (Eds.) *Proceedings of the conference on integrating services to vulnerable children, youth, and families*, May, 1995.

Brandon, R. N., & Gordon, A. (1993). *Child health promotion through interactive media*. (proposal). Seattle: University of Washington, Human Services Policy Center/Washington Kids Count Project.

Brandon, R. & Meuter, L. (1995). *Proceedings of the national conference on interprofessional education and training: September, 1995.* Seattle, WA: Human Services Policy Center, University of Washington.

Brown, S. (1993, October 24). *University interprofessional training programs: Issues for program development and evaluation raised from a review of four programs*. Fullerton: California State University.

Bruner, C. (1991, August). *Thinking collaboratively: Ten questions and answers to help policy makers improve children's services* (2nd ed.). Washington, D.C.: Education and Human Services Consortium.

C-STARS (1994, January 14). Washington state coordinated service initiative for at-risk youth and families (CFDA No. 84.201). Seattle: University of Washington, Center for the Study of Teaching of At-Risk Students (C-STARS).

Chang, H. N. Collaboration: The diversity factor, pp. 55-61.

Cohen, Deborah L. (1996, February 28). *A Working Relationship*, Education Week.

Conrad, D., & Hedin, D. (1991, June). School-based community service: What we know from research and theory. Adapted from *High School Community Service* (University of Wisconsin, National Center on Effective Secondary Schools. December, 1989).

Division of Children and Family Services (DCFS)

Fossum, H. L. (1993, January). Communities in the lead: The northwest rural development sourcebook. Seattle: University of Washington, Northwest Policy Center.

Gallucci, C. (1992). THE MESH MANUAL for Inclusive Schools. Project MESH: Making effective schools happen for all students. Washington State Office of Superintendent of Public Education, Special Education Services, Olympia, WA 98504–7200.

Gardner, S., et al. (1992). Common principles of multidisciplinary education for professionals in children and family services.

Gardner, S. (1993, October 25). Evaluation issues in assessing interprofessional training programs.

Gardner, S. (1989, Fall). *Failure By Fragmentation*. California Tomorrow, pp. 18-25.

Gehrke, N., & Philips, R. (1993, July). Preparing professionals for collaboration in schools (Final Report). Seattle: University of Washington, Training for Interprofessional Collaboration (TIC).

Golden, O. (1991). Collaboration as a means, not an end: Serving disadvantaged families and children. Shorr, E., Book, D., & Cozzle, C. (Eds.), Effective services for young children, pp. 84-103. Washington, DC: National Academy Press.

Gordon, A., Bush, M., McKnight, J., Gelbard, L., Dewar, T., Fagan, K., & McCareins, A. Big brother in a box, pp. 158-160. Evanston, IL: Northwestern University, Center for Urban Affairs.

Gray, B. (1989). Collaborating: Finding common ground for multiparty problems (Ch. 3-6).

Greenberg, M. & Levy, J. (1992, January). Confidentiality and collaboration: Information sharing in interagency efforts (No. AR-92-1). Denver: Education Commission of the States (ECS).

Grell, J., & Gappert, G. (1993, Spring). The new civic infrastructure: Intersectoral collaboration and the decision-making process. National Civic Review, pp. 140-148.

Guthrie, G. P., & Guthrie, L. F. (1991, September). Streamlining interagency collaboration for youth at risk. Educational Leadership, pp. 17-22.

Hanley, M., Johnson-Crowley, N. & Gehrke, N. (1996). Interprofessional collaboration resource guide: A resource guide of learning activities. Seattle, WA: Training for Interprofessional Collaboration Project (TIC), Human Services Policy Center, University of Washington.

Himmelman, Arthur T. (1992, July). Communities working collaboratively for a change.

Hodgkinson, H. L. (1989). The same client: The demographics of education and services delivery systems. Institute for Educational Leadership, Inc., Center for Demographic Policy.

Hord, S. M. A synthesis of research on organizational collaboration. Educational Leadership, pp. 22-26.

Human Services Policy Center. (1995, October) Enhancing professional education to correspond to the emerging integrated human service system. University of Washington.

Jivanjee, P., Moore, K., Friesen, B., & Schultze, K. Education for interprofessional collaboration: A status report. Portland: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

Johnson, K. (1993, March). Beyond polarization: Emerging strategies for reconciling community and the environment. Seattle: University of Washington, Northwest Policy Center.

Johnston, C. M. (1991). Necessary wisdom: Meeting the challenge of a new cultural maturity. Seattle: ICD Press.

Kahn, A. J., & Kamerman, S. B. (1992, September). Integrating services integration: An overview of initiatives, issues, and possibilities. New York: Columbia University, School of Social Work & School of Public Health.

Knapp, M.S. (1994). *How shall we study comprehensive, collaborative services for children and families?* Discussion paper prepared for the OERI/AERA Working Conference on School-linked Services for Children, Reston, VA (September 29-October 2).

Knapp, M.S., Barnard, K., Brandon, R., Gehrke, N., Smith, A.J., Teather, E.C. (1993). University-based preparation for collaborative interprofessional practice. In Adler, L. & Gardner, S. (Eds.), The politics of linking schools and social services: The Politics of Education Association yearbook, pp. 137-151. London: The Falmer Press.

Knapp, M. S., Burgoyne, K., Swanson, J., Woolverton, S., Deiro, J., Knight, D. (1993, November). Preparation for collaborative practice: The first pilot year of a project training professionals for the integration of education and human services. Seattle: University of Washington, Human Services Policy Center.

Knapp, M. S. Burgoyne, K., Swanson, J., Woolverton, S., Deiro J., Knight, D. (1994, December). The second pilot year of an interprofessional training collaborative:

Tempering ambitions, shifting emphases, solidifying gains. Seattle: University of Washington, Human Services Policy Center.

Knapp, M.S., TIC faculty & staff (1996). Preparing to collaborate: Interprofessional education through university-community partnerships (tentative title, a work in progress). Seattle, WA: TIC Project, Human Resources Policy Center, University of Washington.

Larson, C. S., Gomby, D. S., Shiono, P. H., Lewit, E. M., & Behrman, R. E. (1992, Spring). Analysis. The future of children, 2(1), pp. 1-18.

Lawson, Hal A., & Hooper-Briar, K. (1994). Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration. Oxford, OH: The Danforth Foundation and The Institute for Educational Renewal at Miami University.

Mattessich, P. W., & Monsey B. R. (1992). Collaboration: What makes it work. St. Paul: Wilder Research Center/Amherst H. Wilder Foundation.

McManus, Marilyn C. (Ed.). (1993). Case management for families and children. Focal Point, vol. 7 (1).

McManus, Marilyn C. (Ed.). (1995). Just what is "collaboration"? Focal Point, vol. 9 (1).

McKnight, J. L., & Kretzmann, J. Mapping community capacity. Evanston, IL: Northwestern University: Center for Urban Affairs.

Miles, E. L., et al. (1992, February 7). Report of the UW interdisciplinary research committee. Seattle: University of Washington.

Mitchell, J., & Sommers, P. (1993). Northwest portrait. Seattle: University of Washington, Northwest Policy Center.

Nissani, H. G. Integration of education and human services project.

Northwest Regional Educational Laboratory Awareness Workshop (1994, March 29). Included articles:

- Cochran, M. (1987, Fall). *The parental empowerment process: Building on family strengths*, pp. 9-23. Equity and Choice.
- Farrow, F., & Joe, T. (1992, Spring). *Financing school-linked, integrated services*. The Future of Children.
- Gomby, D. S., & Larson, C. S. (1992, Spring). *Evaluation of school-linked services*. The Future of Children.
- Jeppson, E. S. (1988). *Parents take priority in family - centered care*, 7(2). Family Resource Coalition Report.
- Rist, M. C. *Putting services in one basket.*
- Staff (1988, Summer). *Services to minority populations: What does it mean to be a culturally competent professional?* 2(4). Focal Point.

O'Connor, G. G., & McCord, L. (1990-91, Fall/Winter). Networking among social service providers: An expanded and transformed practice. The Journal of Applied Social Sciences, 15(1), pp. 7-29.

Olenick, M., & McCroskey, J. (1992, July). Social and health services in Los Angeles County schools: Countywide data on availability, need, and funding. The Los Angeles Roundtable for Children and The Los Angeles County Office of Education.

Recent Publications. The Center for the Study of Social Policy.

Sartain, H. W. (1989). Nonachieving students at risk: School, family, and community intervention. Washington, D.C.: NEA Professional Library.

Senge, P. M. (1990). The fifth discipline: The art & practice of the learning organization. New York: Doubleday.

Shedlin, A., Klopf, G. And Zaret, E. (1988). The school as locus of advocacy for all children. Elementary School Center.

Shuman, R. B. (1992, September). Classroom encounters: Problems, case studies, solutions (2nd ed.). Washington, D.C.: NEA Professional Library.

Staff Memo (1994, March 25). A teaching and research opportunity related to U-District "Street Youth."

Staff. (1992, May). School and community collaborations: Some lessons learned. A Report of the Danforth Seminar, pp. 1-13. Accord, New York: Philliber Research Associates.

Staff. (1993, October 22). Integrated services specialist program handbook. San Francisco: San Francisco State University, Department of Special Education.

Staff. (1993, September 2). The USC inter-professional initiative. A proposal to the James Irvine Foundation, pp. 10-29, 66-72. Los Angeles: University of Southern California, Schools of Dentistry, Education, Nursing, Medicine, Public Administration, and Social Work.

Staff. (1994, February). Update: A collaborative approach to teacher education, 1(1). AACTE/DeWitt Wallace-Reader's Digest Fund's Comprehensive Teacher Education National Demonstration Project.

Steinberg, R. M., & Carter, G. W. (1983). Case management and the elderly: A handbook for planning and administering programs. Los Angeles: University of Southern California, Andrus Gerontology Center.

Summary: Programs funded or supported by the Office of the Superintendent of Public Instruction (OSPI).

TIC student field placement agreement form (1993, March 5).

Toseland, R. W., & Rivans, R. F. (1984). The knowledge base of group work practice. An introduction to group work practice, pp. 94-110. New York: Macmillan.

University of Washington School of Public Health and Community Medicine and the UW Human Services Policy Center. State of Washington's Children, 1995. Seattle, WA.

U.S. Department of Education, U.S. Department of Health and Human Services. (1993, April). Together we can: A guide for crafting a profamily system of education and human services (Contract No. RP912060001). Washington, DC: U.S. Government Printing Office.

Washington State Department of Social & Health Services Chart

THE INTERPROFESSIONAL COMMISSION OF OHIO

PUBLICATIONS
(May 10, 1994)

BOOKS

R. Michael Casto and Maria C. Julia (1994). Interprofessional Care and Collaborative Practice (A Text Book for Training in Interprofessional Collaboration). With Edward T. Bope, Gary L. Harbaugh, Timothy S. Jost, Daniel B. Lee, Eleanor Nystrom, Larry J. Platt, Arlene Thompson, Wynne R. Waugaman, Tennyson Williams. Pacific Grove, CA: Brooks/Cole Publishing Co.

L. Eugene Arnold (Editor) (1990). Childhood Stress. New York, New York: John Wiley and Sons Inc.

R. Michael Casto (1987). AIDS and the Ministry of the Church. (A study guide for use by local congregations in developing an interprofessional approach to their ministry in relation to the AIDS crisis.) Nashville, TN: Discipleship Resources.

Anne Allen (Editor) (1986). New Options, New Dilemmas: An Interprofessional Approach To Life or Death Decisions. Lexington, MA: Heath and Company.

L. Eugene Arnold (Editor) (1985). Parents, Children, and Change. Lexington, Massachusetts: D.C. Heath and Company.

L. Eugene Arnold (Editor) (1983). Preventing Adolescent Alienation. Lexington, Massachusetts: Lexington Books, D.C. Heath and Company.

BOOK CHAPTERS

R. Michael Casto. (August, 1994). "Inter-Professional Work in the USA: Education and Practice." In Going Inter-professional: Working Together For Health and Welfare. Edited by Audrey Leathard. In press, London, England: Routledge.

R. Michael Casto. (1993). "Defining, Supporting and Maintaining Interprofessional Education." In The Politics of Education Association Yearbook. Edited by L. Adler and S. Gardner. London: Taylor and Francis, Ltd., pp. 153-155.

SERIES, PROCEEDINGS AND JOURNAL ISSUES

Sandra R. Byers, Robert T. McLaughlin and R. Michael Casto (Editors) (1991). "The Five A's of Health Care Quality: An Interprofessional Perspective on Health Care Cost Containment." Interprofessional Education and Practice Occasional Papers. Number 4. Columbus, Ohio: The Health Care Cost Containment Public Policy Panel and the Commission on Interprofessional Education and Practice at The Ohio State University.

OHIO cont'd p. 2

Judith P. Lyons, R. Michael Casto and Joyce M. Rosenberger (Editors) (1991). "Children and Youth at Risk: Interprofessional Approaches to Their Problems -- Proceedings of the Second National Leadership Symposium on Interprofessional Education and Practice." Interprofessional Education and Practice Occasional Papers. Number 3. Columbus, Ohio: The National Consortium on Interprofessional Education and Practice.

R. Michael Casto and Barbara R. Macce (Editors) (1990). "A Model Interprofessional Curriculum in Child Abuse and Neglect." Interprofessional Education and Practice Occasional Paper. Number 2. Columbus, Ohio: The Commission on Interprofessional Education and Practice.

Judith P. Lyons and R. Michael Casto (Editors) (1990). "Interprofessional Education Applied: Children and Youth at Risk -- Proceedings of the Third National Leadership Symposium on Interprofessional Education and Practice." Interprofessional Education and Practice Occasional Papers. Number 1. Columbus, Ohio: The National Consortium on Interprofessional Education and Practice.

Ohio Medicine. (July 7, 1988: 84). This issue was devoted to reporting on the Spring, 1988 Interprofessional Continuing Education Conference, "Issues for the 21st Century: Working Interprofessionally," facilitated by the Commission on Interprofessional Education and Practice at The Ohio State University. Articles included Karen S. Edwards, "Interprofessional Relationships in the 21st Century," p. 511, "Tomorrow's Professionals: Who are They and How will They Cope?" pp. 537ff., "Special Populations: Who are Tomorrow's Patients?" pp. 555ff., Michelle J. Carlson, "The Rationing of Health Care," pp. 543ff., and Deborah Athy, "Government Regulation of the professions: An Interprofessional Meeting of Mind," pp. 547ff.

Marjorie Brunner and R. Michael Casto (Editors) (1987). Interdisciplinary Health Team Care: Proceedings of the Eighth Annual Conference. Columbus, OH: School of Allied Medical Professions and The Commission on Interprofessional Education and Practice, The Ohio State University.

Robert T. McLaughlin (Editor) (1987). Proceedings of the First National Leadership Symposium on Interprofessional Education and Practice. Columbus, Ohio: The National Consortium on Interprofessional Education and Practice.

Theory Into Practice. (Summer, 1987). The issue focuses on the Commission's program. Issues discussed are foundational theory, assumptions, organization, program and outcomes. Abstracts prepared by Joyce R. Rosenberger of all articles in the issue were published in Social Work Research and Abstracts 24 (number 2, Summer, 1988) pp. 78-81.

THESES AND DISSERTATIONS

Robert T. McLaughlin (1987). Making Connections In the Heartland: A Case Study in Education for Development. Ph.D. Dissertation. Discusses, inter alia, the role in which interprofessional education and collaboration can and does play in

OHIO cont'd p. 3

community development. Educational Policy and Leadership, Ohio State University.

Mark H. Spencer (1983). Assessing the Impact of Interprofessional Education on the Attitudes and Behaviors of Practicing Professionals. Ph.D. Dissertation. Education Policy and Leadership. Columbus, Ohio: The Ohio State University.

Ossie R. Heaton (1981). Pastoral Care In Total Health Care and the Pastor On the Interprofessional Team. D.Min. Dissertation. Columbus, Ohio: Trinity Lutheran Seminary.

Edson T. Lewis, Jr. (1981). The Stories of Medicine and Theology: A Context For Ministry. D.Min. Dissertation. Columbus, Ohio: Trinity Lutheran Seminary.

Joel Rabb (1981). Reporting Child Maltreatment: Context of Decision-making Among Professionals In Social Work, Education, and Nursing. Ph.D. Dissertation. The College of Social Work. Columbus, Ohio: The Ohio State University.

Jonathan C. Siehl (1978). "An Investigation of the Effects of an Interprofessional Health Care Course on Student Attitudes." M.S.W. Thesis. The College of Social Work. Columbus, Ohio: The Ohio State University.

AUDIO-VISUAL RESOURCES

Donna Jones Largeant (1989). Trapped: A Documentary On Child Abuse and Neglect. Video Tape Introduction To Issues In Child Abuse. Commission on Interprofessional Education and Practice, The Ohio State University, Columbus, Ohio.

An Interprofessional View of Child Abuse (1987). A video tape case presentation and discussion developed by Sandy Alvarez, Tess Hay, Katrina Ray and Denise Susi, students in Medical Communications and featuring work prepared by the Family Violence Public Policy Analysis panel.

ARTICLES

R. Michael Casto (1992). "The turmoil of turf: Interprofessional collaboration in the war zone." In Interdisciplinary Health Care Teams: Proceedings of the Thirteenth Annual Conference, John R. Snyder (Editor). Indianapolis, Indiana: School of Allied Health Sciences, Indiana University School of Medicine, Indiana University Medical Center, pp. 198-204.

R. Michael Casto, Craig DeVille, et. al. (1992). "Factors which enhance and impede professionals' reporting of suspected physical child abuse: A report on interprofessional research." In Interdisciplinary Health Care Teams: Proceedings of the Thirteenth Annual Conference, John R. Snyder (Editor). Indianapolis, Indiana: School of Allied Health Sciences, Indiana University School of Medicine, Indiana University Medical Center, pp. 85-97.

R. Michael Casto and Craig DeVille (1991). "Interprofessional training in child abuse and neglect: principles for establishing a research and education program." Building Bridges: Interdisciplinary Research In Child Abuse and Neglect, Linda M. Mauro and Jean H. Woods (Editors). Philadelphia, PA: Temple University, Child Welfare Training and Research Institute, pp. 181-188.

R. Michael Casto (1991). "An institution's experience in providing for interprofessional education and practice." In Interdisciplinary Health Care Teams: Proceedings of the Twelfth Annual Conference, John R. Snyder (Editor). Indianapolis, Indiana: Division of Allied Health Sciences, Indiana University School of Medicine, Indiana University Medical Center, pp. 202-210.

Donna S. Queeney and R. Michael Casto (1991). "Collaboration among professionals of different disciplines." The CLE Journal and Register. 37(November, 1991, number 6), pp. 5-18.

Sandra Byers and Sandra Cornett (1990). "Nurses help lead interprofessional team." Ohio Nurses Review, 65(1), p. 8.

R. Michael Casto (1990). "Models for interprofessional collaboration." In Report of the Proceedings of the First Yukon Leadership Symposium On Interprofessional Education and Practice, David Hedmann (Editor). Whitehorse, Yukon Territory: Steering Committee: Leadership Symposium on Interprofessional Education and Practice, pp. 37-46.

Robert McLaughlin (1990). "Making connections in human service." In Report of the Proceedings of the First Yukon Leadership Symposium On Interprofessional Education and Practice, David Hedmann (Editor). Whitehorse, Yukon Territory: Steering Committee: Leadership Symposium on Interprofessional Education and Practice, pp. 18-36.

Donna S. Queeney and R. Michael Casto (1990). "Interprofessional collaboration among professionals of different disciplines." In An Agenda For Action: Continuing Professional Education Focus Group Reports, Donna S. Queeney (Editor). University Park, Pennsylvania: The Pennsylvania State University, pp. 57-66.

R. Michael Casto (1989). "Toward a theology for interprofessional care: Ministry with persons in pain." Epworth Review, 16(2), pp. 46-52.

John R. Snyder, Van Bogard Dunn, and Stephen L. Wilson (1988). "Innovations in family and community health." Family and Community Health, 10(4), pp. 72-79.

Larry VandeCreek (1988). "The chaplain as hospital ethicist in the cost containment struggle." Journal of Health Care Chaplaincy, 1(2), pp. 3-20.

John F. Azzaretto (Editor) (1989). "Collaboration in action: Innovative problem solving." Excerpts from the keynote address of Alexander M. Capron at the First National Leadership Symposium on Interprofessional Education and Practice. Crossing Lines, 1(1), pp. 3-4.

OHIO cont'd p. 5

Van Bogard Dunn and John R. Snyder (1988). "Policy analysis panels: Interdisciplinary teams in practice." In Interdisciplinary Health Team Care: Proceedings of the Ninth Annual Conference, Deborah T. Firestone and Eleanor Kra, (Eds.), Stony Brook, New York, School of Allied Health Professions, State University of New York at Stony Brook, pp. 291-297.

Robert T. McLaughlin (1987). "Four levels of disagreement concerning international development." Futures Research Quarterly, 8, p. 1.

Marshall B. Kapp (1987). "Interprofessional relationships in geriatrics: Ethical and legal considerations." Interdisciplinary Health Team Care: Proceedings of the Eighth Annual Conference, Marjorie Brunner and R. Michael Casto, eds., Columbus, Ohio, School of Allied Medical Professional and The Commission on Interprofessional Education and Practice, The Ohio State University, pp. 150-157.

James O. Billups and Maria C. Julia (1987). "Interprofessional education for team practice -- substance and system." Interdisciplinary Health Team Care: Proceedings of the Eighth Annual Conference, Marjorie Brunner and R. Michael Casto, eds., Columbus, Ohio: School of Allied Medical Professional and The Commission on Interprofessional Education and Practice, The Ohio State University, pp. 182-193.

H. Kay Grant and R. Michael Casto (1987). "A conceptual framework for planning interprofessional education: Is the key content or process?" Interdisciplinary Health Team Care: Proceedings of the Eighth Annual Conference, Marjorie Brunner and R. Michael Casto, eds., Columbus, Ohio: School of Allied Medical Professions and The Commission on Interprofessional Education and Practice, The Ohio State University, pp. 194-199.

Marshall B. Kapp (1987). "Interprofessional relationships in geriatrics: Ethical and legal consideration." The Gerontologist, 27(5), pp. 547-552.

R. Michael Casto, H. Kay Grant and James A. Burgess-Ellison (1987). "Attitude changes among students engaged in interpersonal education: Further results and discussion." In Interdisciplinary Health Team Care: Proceedings of the Eighth Annual Conference, Marjorie Brunner and R. Michael Casto, eds., Columbus, OH: School of Allied Medical Profession and The Commission on Interprofessional Education and Practice, The Ohio State University.

Karen S. Edwards (1986). "Rebuilding Camelot: The story of the Commission on Interprofessional Education and Practice." The Ohio State Medical Journal, March, pp. 180-186.

R. Michael Casto, Eleanor P. Nystrom, and James A. Burgess-Ellison (1986). "Interprofessional collaboration: Attitude change among students engaged in interprofessional education." In Interdisciplinary Health Team Care: Proceedings of the Seventh Annual Conference, Marcia J. Lipetz and Marlene Suvada, eds. Chicago, IL: Center for Educational Development, University of Illinois at Chicago, pp. 201-216.

OHIO cont'd p. 6

Mary M. Janata (1986). "Commission on interprofessional education and practice," The Ohio State University," special issue of newsletter, jointly sponsored by AAACE Commission of Continuing Professional Education and NUCEA Division of Continuing Education for the Professions, August.

James O. Billups (1986). "Promoting teamwork in the helping professions: Activities of the Commission on Interprofessional Education and Practice," Linkage Vol.5, No.1, Summer, p. 2.

Luvern Cunningham (1985). "Interprofessional education." In T. Husen & N. Postlethwaite (eds.). Interprofessional Encyclopedia of Education. Oxford, England: Pergamon, pp. 2674-2675.

R. Michael Casto, Eleanor P. Nystrom, and James A. Burgess-Ellison (1985). "Interprofessional education and attitude change: Research design and the collaborative process." In Collaborative Research in Allied Health, M. Rositta Schiller, ed. Columbus, Ohio: The School of Allied Health Professions, The Ohio State University, pp. 51-57.

M. Kavanaugh (1984). "Interprofessional education and practice." The Cincinnati Post and Times-Star, March.

R. Michael Casto (1984). "Interprofessional education for 'quality of life' determinations." ECHO 6. (Winter), pp. 1-3.

Mark L. Spencer and Sara Battison (1984). "Linking interprofessional education and practice." Resources in Education. March (ED 244 527, HE 017 228).

Luvern L. Cunningham, Sara Battison and Mark Spencer (1982). "Innovations in preparation programs." UCEA Review, XXIII (4, Winter), pp. 7-10.

Luvern L. Cunningham, Mark H. Spencer, and Sara Battison (1982). "Expanding professional awareness: The Commission on Interprofessional Education and Practice." Mershon Center Quarterly Report, 7(4, Summer), pp. 1-7.

P. Brown (1982). "The Ohio State University: Ethical concerns and the helping professions." The Forum for Liberal Education, 4(3, January/February), pp. 12-14.

"The Commission on Interprofessional Education and Practice at the Ohio State University" (1982). Professions Education Researcher Notes. 4(1, May).

Susan Boyd (1982). "Law joins other helping professions." Syllabus (a newsletter of the American Bar Association). 13(3, September), p. 5.

C. Hamilton (1981). "Interprofessional education." Adminnovator, June.

Leon Rubin (1979). "Panel fosters professional cooperation." On Campus. Columbus, Ohio: The Ohio State University, March 8, p. 6.

Kathy McCroskey (1979). "'Sensitive issues' course set." The Lantern . Columbus, Ohio: The Ohio State University, March 27, p. 10.

OHIO cont'd p. 7

“Problem-solving class bridges the professions” (1979). Cleveland Plain Dealer. Cleveland, Ohio, March 18.

“Class gets realistic look at professions” (1979) Lima News. Lima, Ohio, March 12.

“OSU offers unique credit course” (1979). Akron Beacon Journal. Akron, Ohio, March 12, p. B5.

Mary M. Janata (1979). “Commission on Interprofessional Education and Practice.” Prospectus For Change. 4(3, June), pp. 1-2.

“Professions combine to deliver total care” (1978). Journal. Columbus, Ohio: College of Medicine, The Ohio State University, Spring.

CONTINUING PUBLICATIONS

Interprofessional Commentary. Newsletter published periodically by the Interprofessional Commission of Ohio, Columbus, Ohio.

Interprofessional Education and Practice Papers. Published periodically by the Interprofessional Commission of Ohio and The National Consortium on Interprofessional Education and Practice, Columbus, Ohio.

Copies of many publications listed are available for purchase. See the attached list for prices. To check availability of photo copies of other publication ($.10 / page), contact:

The Interprofessional Commission of Ohio
1501 Neil Avenue, Suite 104
Columbus, OH 43201-2602
(614) 292-5621